

**Mother's Refuge**  
**Solicitation/Opportunity NO: RFPS30034901600477**  
**TITLE: Alternatives to Abortion Program**

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**STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)**

**SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600477**  
**TITLE: Alternatives to Abortion Program Services**  
**ISSUE DATE: 2/17/16**

REQ NO.: NR 300 30006000002  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: March 29, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

**VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH  
HTTPS://MISSOURIBUY.S.MO.GOV BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)**

**MAILING INSTRUCTIONS:** Print or type **Solicitation/OPP Number** and **End Date** on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

**RETURN PROPOSAL TO:** PURCHASING (U.S. Mail) or PURCHASING (Courier Service)  
PO BOX 809 301 WEST HIGH STREET, RM 630  
JEFFERSON CITY MO 65102-0809 JEFFERSON CITY MO 65101-1517

**CONTRACT PERIOD:** Effective Date of Contract through May 31, 2017

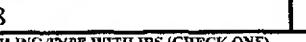
**DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:**

**Office of Administration  
Commissioner's Office  
State Capitol Building, Room 125  
Jefferson City MO 65101**

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

**SIGNATURE REQUIRED**

DOING BUSINESS AS (DBA) NAME  Mother's Refuge	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.  Mother's Refuge
MAILING ADDRESS  14400 E. 42 <sup>nd</sup> St. S., Suite #220	IRS FORM 1099 MAILING ADDRESS  14400 E. 42 <sup>nd</sup> St. S., Suite #220
CITY, STATE, ZIP CODE  Independence, MO 64055	CITY, STATE, ZIP CODE  Independence, MO 64055

CONTACT PERSON		EMAIL ADDRESS	
Robert Zornes		Robert@MothersRefuge.org	
PHONE NUMBER		FAX NUMBER	
816.353.8070		816.353.2850	
TAXPAYER ID NUMBER (TIN)		TAXPAYER ID (TIN) TYPE (CHECK ONE)	
43-1454628		<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)		<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE		DATE	
		March 16, 2016	
PRINTED NAME		TITLE	
Robert Zornes		Executive Director	

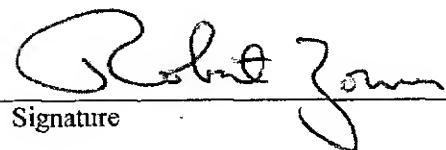
**EXHIBIT A****CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO**

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

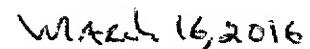
The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Robert Zornes, Executive Director

Name and Title of Authorized Representative



Signature



Date

0248560116  
May 05, 2011 LTR 4168C E0  
43-1454628 000000 00  
00020247

MOTHERS REFUGE  
14400 E 42ND ST SOUTH STE 220  
INDEPENDENCE MO 64055

If you have any questions, please call us at the telephone number  
shown in the heading of this letter.

Sincerely yours,



S. A. Martin, Operations Manager  
Accounts Management Operations

In reply refer to: 0248560116  
May 05, 2011 LTR 4168C E0  
43-1454628 000000 00  
00020246  
BODC: TE

MOTHERS REFUGE  
14400 E 42ND ST SOUTH STE 220  
INDEPENDENCE MO 64055



023541

Employer Identification Number: 43-1454628  
Person to Contact: MS. HARPER  
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Apr. 26, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in MAY 1988.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations).

2013

Open to Public  
Inspection

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning 10/01/13, and ending 09/30/14

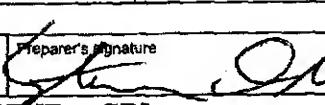
B Check if applicable:		C Name of organization <b>MOTHER'S REFUGE</b>		D Employer identification number <b>43-1454628</b>	
<input type="checkbox"/> Address change		Doing Business As <b>14400 E. 42ND ST. S.</b>		E Room/suite <b>220</b>	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		F Telephone number <b>816-353-8070</b>	
<input type="checkbox"/> Initial return		City or town, state or province, country, and ZIP or foreign postal code <b>INDEPENDENCE MO 64055</b>		G Gross receipts \$ <b>830,740</b>	
<input type="checkbox"/> Terminated		H Name and address of principal officer <b>ROBERT ZORNES, EXECUTIVE DIRECTOR 14400 E. 42ND ST. S. SUITE 220 INDEPENDENCE MO 64055</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Application pending				H(c) Group exemption number ►	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ► <a href="http://WWW.MOTHERSREFUGE.ORG">WWW.MOTHERSREFUGE.ORG</a>					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation: 1987	
				M State of legal domicile: MO	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:  <b>OUR MISSION IS TO SHELTER AND EDUCATE HOMELESS, PREGNANT AND PARENTING YOUNG WOMEN BY PROVIDING COMPREHENSIVE SERVICES THAT EMPOWER THEM TO MAKE SUCCESSFUL LIFE DECISIONS FOR THEMSELVES AND THEIR BABIES.</b>		
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Expenses	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
Net Assets or Fund Balances	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	1590
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	722,357	595,500
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,141	3,347
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 8c, 10c, and 11e)	5,220	231,893
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	729,718	830,740
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	373,361	411,862
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ►	40,912	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	166,973	200,520
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	540,334	612,382
	19 Revenue less expenses. Subtract line 18 from line 12	189,384	218,358
	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	435,743	667,372
	21 Total liabilities (Part X, line 26)	24,916	38,187
	22 Net assets or fund balances. Subtract line 21 from line 20	410,827	629,185

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	<b>CINDY COTTERMAN</b>		PRESIDENT
Type or print name and title			
Preparer Use Only	Print/Type preparer's name <b>STEVEN T OSBORNE</b>	Preparer's signature 	Date <b>6-13-15</b>
	Firm's name ► <b>STEVEN T. OSBORNE, CPA</b>		Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P00359067</b>
	Firm's address ► <b>2101 BURLINGTON STREET N. KANSAS CITY, MO 64116</b>	Firm's EIN ► <b>43-1395134</b>	Phone no. <b>816-842-0960</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  NoFor Paperwork Reduction Act Notice, see the separate Instructions.  
DAA

Form 990 (2013)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission:

OUR MISSION IS TO SHELTER AND EDUCATE HOMELESS, PREGNANT AND PARENTING YOUNG WOMEN BY PROVIDING COMPREHENSIVE SERVICES THAT EMPOWER THEM TO MAKE SUCCESSFUL LIFE DECISIONS FOR THEMSELVES AND THEIR BABIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:  ) (Expenses \$  ) including grants of \$  ) (Revenue \$  )

THE ORGANIZATION PROVIDED SHELTER TO AND EDUCATED HOMELESS, PREGNANT AND PARENTING YOUNG WOMEN BY PROVIDING COMPREHENSIVE SERVICES THAT EMPOWERED THEM TO MAKE SUCCESSFUL LIFE DECISIONS FOR THEMSELVES AND THEIR BABIES.

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4b (Code:  ) (Expenses \$  ) including grants of \$  ) (Revenue \$  )

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4c (Code:  ) (Expenses \$  ) including grants of \$  ) (Revenue \$  )

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4d Other program services. (Describe in Schedule O.)

(Expenses \$  ) including grants of \$  ) (Revenue \$  )4e Total program service expenses ►  520,551

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .....

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .....

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .....

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....

14a Did the organization maintain an office, employees, or agents outside of the United States? .....

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .....

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) .....

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

## Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  
Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):  
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

	Yes	No
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35a	X	
35b		
36	X	
37	X	
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V 

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ..... 

1a	7
1b	0

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... 

1c	X
----	---

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... 

2a	28
----	----

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... 

2b	X
----	---

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ..... 

3a	X
3b	

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... 

4a	X
----	---

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ..... 

5a	X
5b	X
5c	

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... 

6a	X
6b	

b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. ..... 

7a	X
7b	

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... 

7c	X
7d	

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... 

7e	X
7f	X
7g	X
7h	X

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... 

8	
---	--

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... 

9a	
----	--

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... 

9b	
----	--

7 **Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... 

10a	
-----	--

b If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... 

10b	
-----	--

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... 

11a	
-----	--

d If "Yes," indicate the number of Forms 8282 filed during the year ..... 

11b	
-----	--

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... 

12a	
-----	--

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... 

12b	
-----	--

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ..... 

13a	
-----	--

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..... 

13b	
-----	--

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? ..... 

13c	
-----	--

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? ..... 

14a	X
-----	---

b Did the organization make a distribution to a donor, donor advisor, or related person? ..... 

14b	
-----	--

10 **Section 501(c)(7) organizations.** Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 ..... 

10a	
-----	--

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... 

10b	
-----	--

11 **Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders ..... 

11a	
-----	--

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... 

11b	
-----	--

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? ..... 

12b	
-----	--

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... 

13a	
-----	--

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. ..... 

13b	
-----	--

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... 

13c	
-----	--

c Enter the amount of reserves on hand ..... 

14a	X
-----	---

14a Did the organization receive any payments for indoor tanning services during the tax year? ..... 

14b	
-----	--

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..... 

Form 990 (2013)	
-----------------	--

**Part VI. Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ..... **6**

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent ..... **6**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... **X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... **X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... **X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... **X**

6 Did the organization have members or stockholders? ..... **X**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... **X**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ..... **X**

b Each committee with authority to act on behalf of the governing body? ..... **X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. ..... **X**

	Yes	No
1a	6	
1b	6	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? ..... **X**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... **X**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... **X**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... **X**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... **X**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... **X**

13 Did the organization have a written whistleblower policy? ..... **X**

14 Did the organization have a written document retention and destruction policy? ..... **X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official ..... **X**

b Other officers or key employees of the organization ..... **X**

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... **X**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... **X**

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **MOTHER'S REFUGE**

14400 E. 42ND ST. S., SUITE 220

MO 64055

816-353-8070

INDEPENDENCE

Form 990 (2013) MOTHER'S REFUGE

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer (Individual Trustee)	Institutional Trustee	Director	Key Employee	Employee/ Contractor	Highest Compensated Employee			
(1) CINDY COTTERMAN PRESIDENT	4.00 0.00	X						0	0	0
JED MINOR VICE PRESIDENT	3.00 0.00	X						0	0	0
(3) DOUG HORN SECRETARY	2.00 0.00	X						0	0	0
(4) BETTY ALLEN TREASURER	6.00 0.00	X						0	0	0
(5) DAVID DOMSCH EMERITUS	0.50 0.00	X						0	0	0
(6) RAMONA COOK MEMBER	2.00 0.00	X						0	0	0
(7) ROBERT ZORNES EXECUTIVE DIRECTOR	40.00 0.00		X					62,538	0	368
(8)										
(9)										
(10)										
(11)										

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12)	.....								
(13)	.....								
(14)	.....								
(15)	.....								
(16)	.....								
(17)	.....								
(18)	.....								
(19)	.....								

1b Sub-total .....	►	62,538	368
c Total from continuation sheets to Part VII, Section A .....	►		
d Total (add lines 1b and 1c) .....	►	62,538	368

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

Yes	No
3	X
4	X
5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grant and Other Similar Amounts					
1a Federated campaigns .....	1a	31,270			
1b Membership dues .....	1b				
1c Fundraising events .....	1c				
1d Related organizations .....	1d				
1e Government grants (contributions) .....	1e	252,273			
f All other contributions, gifts, grants, and similar amounts not included above	1f	311,957			
g Noncash contributions included in lines 1a-1f: \$ .....		23,000			
h Total. Add lines 1a-1f .....		595,500			
Program Service Revenue	Busn. Code				
2a .....					
b .....					
c .....					
d .....					
e .....					
f All other program service revenue .....					
g Total. Add lines 2a-2f .....					
3 Investment income (including dividends, interest, and other similar amounts) .....		3,347			3,347
4 Income from investment of tax-exempt bond proceeds					
5 Royalties .....					
6a Gross rents	(I) Real	(II) Personal			
b Less: rental exps.					
c Rental inc. cr (loss)					
d Net rental income or (loss) .....					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less: cost or other basis & sales exps.					
c Gain or (loss)					
d Net gain or (loss) .....					
8a Gross income from fundraising events (not including \$ .....					
of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses .....	b				
c Net income or (loss) from fundraising events .....					
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses .....	b				
c Net income or (loss) from gaming activities .....					
10a Gross sales of inventory, less returns and allowances .....	a				
b Less: cost of goods sold .....	b				
c Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	Busn. Code				
11a INSURANCE PROCEEDS- FIRE .....		231,873	231,873		
b MISCELLANEOUS .....		20	20		
c .....					
d All other revenue .....					
e Total. Add lines 11a-11d .....		231,893			
12 Total revenue. See instructions .....		830,740	231,893	0	3,347

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX 

Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	65,280	39,168	13,056	13,056
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	307,556	302,911	2,322	2,323
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	10,915	10,695	110	110
10 Payroll taxes .....	28,111	25,829	1,141	1,141
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	2,500		2,500	
c Accounting .....	7,486		7,486	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .....	2,845	2,505	170	170
12 Advertising and promotion .....	16,253	2,030	5,445	8,778
13 Office expenses .....	7,385	1,866	5,491	28
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	39,055	36,039	1,508	1,508
17 Travel .....	11,094	10,982		112
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	4,679	4,177	251	251
23 Insurance .....	19,897	14,571	4,061	1,265
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....				
a HOUSEHOLD IN KIND .....	23,000	23,000		
b OTHER EXPENSES .....	14,569	12,812	1,607	150
c TELEPHONE & UTILITIES .....	12,657	11,741	476	440
d FOOD AND GROCERIES .....	11,734	11,734		
e All other expenses .....	27,366	10,491	5,295	11,580
f Total functional expenses. Add lines 1 through 24e .....	612,382	520,551	50,919	40,912
g Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	76,566	1	62,393
	2 Savings and temporary cash investments	87,809	2	214,058
	3 Pledges and grants receivable, net	65,202	3	81,572
	4 Accounts receivable, net	14,823	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,303	9	19,420
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	292,956		
	b Less: accumulated depreciation	41,919	10b	21,233
	11 Investments—publicly traded securities		10c	251,037
	12 Investments—other securities. See Part IV, line 11	10,329	11	16,678
	13 Investments—program-related. See Part IV, line 11		12	11,253
	14 Intangible assets	1,191	13	
	15 Other assets. See Part IV, line 11	142,287	14	570
16 Total assets. Add lines 1 through 15 (must equal line 34)	435,743	15	10,391	
		16	667,372	
Liabilities	17 Accounts payable and accrued expenses	24,916	17	38,187
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	24,916	26	38,187
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/>			
	and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	383,429	27	625,185
	28 Temporarily restricted net assets	27,398	28	4,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/>			
	and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	410,827	33	629,185	
34 Total liabilities and net assets/fund balances	435,743	34	667,372	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	830,740
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	612,382
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	218,358
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	410,827
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain in Schedule O) .....	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	10	629,185

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

	Yes	No
2a	X	
2b	X	
2c		
3a	X	
3b		

**SCHEDULE A**  
 (Form 990 or 990-EZ)

 Department of the Treasury  
 Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

**MOTHER'S REFUGE**

Employer identification number

43-1454628

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Non-functionally integrated  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_   
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (I) A person who directly or indirectly controls, either alone or together with persons described in (II) and (III) below, the governing body of the supported organization? \_\_\_\_\_  
 (II) A family member of a person described in (I) above? \_\_\_\_\_  
 (III) A 35% controlled entity of a person described in (I) or (II) above? \_\_\_\_\_

	Yes	No
11g(I)		
11g(II)		
11g(III)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-8 above or IRC section (see Instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

**Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4. ....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10 .....						
12 Gross receipts from related activities, etc. (see Instructions) .....						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. .... ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions .....	► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	449,585	419,722	477,189	722,357	595,500	2,664,353
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....	449,585	419,722	477,189	722,357	595,500	2,664,353
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....		13,231	13,025	18,883	20,730	65,869
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....	13,231	13,025	18,883	20,730	65,869	
8 Public support (Subtract line 7c from line 6.) .....						2,598,484

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 .....	449,585	419,722	477,189	722,357	595,500	2,664,353
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....		2,779	544	2,076	2,141	3,347
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	2,779	544	2,076	2,141	3,347	10,887
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.) .....	452,364	420,266	479,265	724,498	598,847	2,675,240
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	97.13 %
16 Public support percentage from 2012 Schedule A, Part III, line 15 .....	16	97.56 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18	%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		<input type="checkbox"/>

**Part IV Supplemental Information:** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

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**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2013**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

MOTHER'S REFUGE

43-1454628

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

## Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

MOTHER'S REFUGE

Employer identification number  
43-1454628

## Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,601	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 107,817	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 23,311	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

MOTHER'S REFUGE

Employer identification number  
43-1454628**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	.....	\$ 103,316	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	.....	\$ 21,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

Employer identification number

**MOTHER'S REFUGE****43-1454628****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....	
4 Number of states where property subject to conservation easement is located ► .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(BX)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1 .....	► \$ .....
(ii) Assets included in Form 990, Part X .....	► \$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1 .....	► \$ .....
b Assets included in Form 990, Part X .....	► \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations  
 d  Loan or exchange programs  
 e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No  
 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,329	9,191	7,863	8,182	7,654
b Contributions					
c Net investment earnings, gains, and losses	1,032	1,232	1,455	-69	778
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	108	94	127	250	250
g End of year balance	11,253	10,329	9,191	7,863	8,182

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Yes	No
3a(i)	X
3a(ii)	X
3b	

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		252,937	5,349	247,588
c Leasehold improvements				
d Equipment		40,019	36,570	3,449
e Other				
1a. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				251,037

## Schedule D (Form 990) 2013 MOTHER'S REFUGE

43-1454628

Page 3

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(J)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .....

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements .....	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments .....	2a	
b Donated services and use of facilities .....	2b	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements .....	1	
2 Amounts included on line 1, but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V - LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THESE FUNDS ARE SET ASIDE FOR FUTURE BOARD PROJECTS.



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

MOTHER'S REFUGE

Employer identification number  
**43-1454628**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
COPY OF FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR AND OTHER BOARD MEMBERS.  
ONCE ALL QUESTIONS ARE RESOLVED, THE RETURN IS FILED AS FINAL.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
THE ORGANIZATION DOES NOT ALLOW BOARD MEMBERS TO VOTE ON ANY ISSUE WHERE A  
CONFLICT OF INTEREST MAY BE PRESENT. CONFLICTS OF INTEREST ARE RARE FOR  
THE ORGANIZATION.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
EXECUTIVE DIRECTOR SALARY IS REVIEWED AND VOTED ON BY THE BOARD OF  
DIRECTORS. ANY INCREASES OR CHANGES TO OFFICER SALARY REQUIRES BOARD  
APPROVAL.

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**  
EMPLOYEE SALARY IS REVIEWED AND VOTED ON BY THE BOARD OF  
DIRECTORS. ANY INCREASES OR CHANGES TO EMPLOYEE SALARY REQUIRES BOARD  
APPROVAL.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**  
UPON REQUEST

M6150 MOTHER'S REFUGE

43-1454628

FYE: 9/30/2014

8/13/2015 12:05 PM

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>		<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER FEES		\$ 2,845	\$ 2,505	\$ 170	\$ 170
<b>TOTAL</b>		<b>\$ 2,845</b>	<b>\$ 2,505</b>	<b>\$ 170</b>	<b>\$ 170</b>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>		<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PRINTING	\$	8,708	\$	\$	\$ 8,708
POSTAGE AND MAILING		6,328	701	2,770	2,857
BANK FEES		2,261	68	2,193	
RESIDENTS ALLOWANCE		1,688	1,688		
TAXES: PROPERTY		1,659	1,659		
REPAIRS AND MAINTENANCE		1,527	1,527		
DUES, MEMBERSHIPS, SUBSCR		1,500	1,500		
STAFF DEV & EDUCATION		1,454	1,354	100	
EDUCATION		1,203	1,203		
HEALTHCARE		540	540		
LICENSES & PERMITS		297	50	232	15
AFTERCARE/TRANSITIONAL		201	201		
<b>TOTAL</b>		<b>\$ 27,366</b>	<b>\$ 10,491</b>	<b>\$ 5,295</b>	<b>\$ 11,580</b>

Form **8868**

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  X

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete

Part I only  X

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>MOTHER'S REFUGE</b>	Employer identification number (EIN) or <b>43-1454628</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>14400 E. 42ND ST. S. 220</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>INDEPENDENCE MO 64055</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MOTHER'S REFUGE**  
14400 E. 42ND ST. S., SUITE 220

• The books are in the care of ► **INDEPENDENCE** MO 64055Telephone No. ► **816-353-8070**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box  X
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  X. If it is for part of the group, check this box  X and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15/15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year  or►  tax year beginning **10/01/13**, and ending **09/30/14**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
►  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
► <input type="checkbox"/> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
DAAForm **8868** (Rev. 1-2014)

Form 8868 (Rev. 1-2014)

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>MOTHER'S REFUGE</b>	<b>43-1454628</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<b>14400 E. 42ND ST. S. 220</b>	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
<b>INDEPENDENCE MO 64055</b>		

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

**MOTHER'S REFUGE**  
14400 E. 42ND ST. S., SUITE 220

- The books are in the care of ► **INDEPENDENCE** MO 64055
- Telephone No. ► **816-353-8070** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **08/15/15**.  
 5 For calendar year  or other tax year beginning **10/01/13**, and ending **09/30/14**.  
 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Nature ►

Title ►

Date ►

Form 8868 (Rev. 1-2014)

**MOTHER'S REFUGE**  
(a nonprofit organization)

**FINANCIAL STATEMENTS**  
with  
**INDEPENDENT AUDITOR'S REPORT**  
**FOR THE YEAR ENDED**  
**SEPTEMBER 30, 2014**

MOTHER'S REFUGE  
FINANCIAL STATEMENTS

TABLE OF CONTENTS

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## **INDEPENDENT AUDITOR'S REPORT**

**To the Board of Directors of  
Mother's Refuge**

I have audited the accompanying financial statements of Mother's Refuge (a nonprofit organization), which comprise the statement of financial position as of September 30, 2014 and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

**Opinion**

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Mother's Refuge as of September 30, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



North Kansas City, Missouri  
October 2, 2015

**Mother's Refuge**  
**Statement of Financial Position**  
**September 30, 2014**

**Assets**

**Current Assets:**

Cash and cash equivalents	\$ 68,584
Grants/contracts receivable	85,772
Prepaid expenses	8,274
Other current assets	26,678
Beneficial interest in assets held by Community Foundation	<u>88,527</u>
<b>Total Current Assets</b>	<u>277,835</u>

Property and equipment, net of accumulated  
 depreciation of \$41,919

313,147

**Other Assets:**

Capitalized cost reduction on vehicle lease, net of accumulated amortization of \$1,294	570
Cash designated for shelter rebuild	125,531
Beneficial interest in assets held by Community Foundation	<u>11,253</u>
<b>Total Other Assets</b>	<u>137,354</u>

**Total Assets**

\$ 728,336

**Liabilities and Net Assets**

**Current Liabilities:**

Accounts payable	\$ 15,167
Accrued expenses	34,021
<b>Total Current Liabilities</b>	<u>49,188</u>
<b>Total Liabilities</b>	<u>49,188</u>

**Net Assets:**

Undesignated	538,364
Board designated for shelter rebuild	125,531
Board designated endowment	11,253
<b>Total Unrestricted Net Assets</b>	<u>675,148</u>
Temporarily restricted	4,000
<b>Total Net Assets</b>	<u>679,148</u>
<b>Total Liabilities and Net Assets</b>	<u>\$ 728,336</u>

**Mother's Refuge  
Statement of Activities  
For the Year Ended September 30, 2014**

	Unrestricted	Temporarily Restricted	Total
<b>Support and revenue:</b>			
Contributions, grants and other support	\$ 651,629	\$ 6,000	\$ 657,629
Net gains on beneficial interest in Community Foundation, net of \$988 fees	2,329	-	2,329
Other investment income	1,017	-	1,017
<b>Total Revenues and Other Support</b>	<b>654,975</b>	<b>6,000</b>	<b>660,975</b>
<b>Expenses:</b>			
Program services	501,532	-	501,532
<b>Supporting Services:</b>			
Management and general	66,605	-	66,605
Fundraising	56,392	-	56,392
<b>Total Supporting Services</b>	<b>122,997</b>	<b>-</b>	<b>122,997</b>
<b>Total Expenses</b>	<b>624,529</b>	<b>-</b>	<b>624,529</b>
Change in net assets before extraordinary item	30,446	6,000	36,446
Extraordinary item - gain related to shelter fire	231,873	-	231,873
Change in net assets	262,319	6,000	268,319
Net assets released from restrictions	29,398	(29,398)	-
Net assets, beginning of year	383,431	27,398	410,829
<b>Net assets, end of year</b>	<b>\$ 675,148</b>	<b>\$ 4,000</b>	<b>\$ 679,148</b>

The accompanying notes are an integral part of these financial statements

**Mother's Refuge**  
**Statement of Functional Expenses**  
**For the Year Ended September 30, 2014**

	Program Services	Supporting Services			Total Expenses	
		Management and General		Total		
		Fundraising	Total			
Salaries	\$ 312,836	\$ 30,000	\$ 30,000	\$ 60,000	\$ 372,836	
Payroll taxes	24,111	2,000	2,000	4,000	28,111	
<b>Total Salaries and Related Expenses</b>	<b>336,947</b>	<b>32,000</b>	<b>32,000</b>	<b>64,000</b>	<b>400,947</b>	
Advertising	2,030	5,443	8,778	14,221	16,251	
Auto and travel	10,878	—	—	—	10,878	
Employee benefits	10,695	110	110	220	10,915	
Food and household supplies	44,158	—	—	—	44,158	
Insurance	15,509	4,268	1,265	5,533	21,042	
Miscellaneous	7,195	3,801	262	4,063	11,258	
Office expenses	1,866	5,490	28	5,518	7,384	
Postage	701	2,770	2,857	5,627	6,328	
Printing	—	—	8,708	8,708	8,708	
Professional fees	2,505	10,156	170	10,326	12,831	
Rent	47,039	1,508	1,508	3,016	50,055	
Repairs and maintenance	1,527	—	—	—	1,527	
Seminars and training	2,854	100	—	100	2,954	
Taxes and licenses	1,709	232	15	247	1,956	
Utilities and telephone	11,742	476	440	916	12,658	
<b>Total expenses before depreciation and amortization</b>	<b>497,355</b>	<b>66,354</b>	<b>56,141</b>	<b>122,495</b>	<b>619,850</b>	
Depreciation and amortization	4,177	251	251	502	4,679	
<b>Total Expenses</b>	<b>\$ 501,532</b>	<b>\$ 66,605</b>	<b>\$ 56,392</b>	<b>\$ 122,997</b>	<b>\$ 624,529</b>	

The accompanying notes are an integral part of these financial statements

**Mother's Refuge**  
**Statement of Cash Flows**  
**For the Year Ended September 30, 2014**

**Cash Flows From Operating Activities:**

Change in net assets	\$ 268,319
----------------------	------------

**Adjustments to Reconcile Increase in Net Assets  
to Net Cash Used by Operating Activities:**

Depreciation and amortization	4,679
Extraordinary item - gain related to shelter fire	(231,873)
Contribution of building materials and services	(62,110)
<b>Net Change in Assets and Liabilities</b>	
Grants/contracts receivable	(20,570)
Prepaid expenses	(1,971)
Other assets	(16,678)
Accounts payable and accrued expenses	<u>24,274</u>
<b>Net Cash Used by Operating Activities</b>	<u>(35,930)</u>

**Cash Flows From Investing Activities:**

Reinvestment of income in beneficial interest in assets held by Community Foundation	(1,642)
Purchase of property and equipment	(233,863)
Extraordinary item - fire insurance proceeds received	246,696
Proceeds from the sale of assets designated for rebuild	<u>16,757</u>
<b>Net Cash Provided by Investing Activities</b>	<u>27,948</u>

Net decrease in cash and cash equivalents	(7,982)
---	---------

<b>Cash and Cash Equivalents, Beginning of Year</b>	<u>76,566</u>
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<b>Cash and Cash Equivalents, End of Year</b>	<u>\$ 68,584</u>
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<b>Non-Cash Investing Activity</b>	
Contribution of building materials and services	<u>\$ 62,110</u>

**Mother's Refuge  
Notes to Financial Statements  
September 30, 2014**

**Note A - Summary of Significant Accounting Policies**

**Organization**

Mother's Refuge (the Organization), which is located in Independence, Missouri, was formed in 1987. The Organization's mission is to shelter and educate homeless pregnant and parenting young women by providing comprehensive services that empower them to make successful life decisions for themselves and their babies. The Program is primarily funded through grants from private foundations and government agencies, as well as donations from individuals and organizations.

**Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

**Contributions**

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor imposed restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Contributions whose restrictions are met in the same reporting period are shown as unrestricted contributions.

**Cash and Cash Equivalents**

For purposes of the Statement of Cash Flows, the Organization considers cash on hand and cash in operating bank accounts to be cash and cash equivalents, unless the cash has been designated or restricted for long-term purposes.

**Grants/Contracts Receivable and the Allowance for Doubtful Accounts**

Grants and Contracts receivable that are expected to be collected within one year are recorded at their net realizable value.

**Beneficial Interest in Assets Held by Community Foundation**

Beneficial interest in assets held by Community Foundation is stated at the value provided to the Organization by the Truman Heartland Community Foundation.

**Property and Equipment**

Property and equipment are carried at cost. Donated items are carried at fair market value at time of donation. Donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Depreciation is provided for using the straight-line method over the respective useful lives of the respective assets.

Property improvements	10 years
Furniture, fixtures & equipment	5-10 years
Automobiles	5 years

Maintenance and repairs are charged to expense when paid. Major renewals and betterments are capitalized. When property or equipment is sold or retired, the related cost and accumulated depreciation are removed from accounts and any gain or loss is included in revenue or expenses. Additions with a cost or fair value of \$500 or less are expensed.

Mother's Refuge  
Notes to Financial Statements  
September 30, 2014

Note A - Summary of Significant Accounting Policies (Continued)

Functional Allocation of Expenses

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

Income Taxes

No provision for income taxes is included in the Statement of Activities since the Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code. There was no unrelated business income for the year ended September 30, 2014. The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as assets for the year ended September 30, 2014.

The Organization files form 990 in the federal jurisdiction. The organization is not at the present time under examination by any taxing authority. Effectively, all years for federal and state income examination are closed for any year ended prior to September 30, 2011.

Contributed Services and Goods

Various individuals and organizations have made contributions of their time and products for the benefit of Mother's Refuge. The Organization records contributed services and goods as revenue and assets or expenses if the services or goods create or enhance a non-financial asset or when the contributions are goods and services that would typically need to be purchased by the Organization if such goods and services had not been contributed. During the year ended September 30, 2014 the Organization recognized revenue for \$23,000 of donated supplies which were used in its program activities. At September 30, 2014, management estimates that \$10,000 of donated supplies remains on hand.

The Organization also received donated building materials and professional services while rebuilding the Organization's shelter. The Organization has estimated the value of these materials and services to be \$62,110 for the year ended September 30, 2014.

Estimates

The preparation of the financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Mother's Refuge  
Notes to Financial Statements  
September 30, 2014

Note B - Property and Equipment

Property and equipment consists of the following at September 30, 2014:

Shelter rebuild in progress	\$ 298,718
Building improvements	16,329
Furniture, fixtures and equipment	23,519
Automobiles	16,500
Total property and equipment	<u>355,066</u>
Less accumulated depreciation	(41,919)
Net total	<u>\$ 313,147</u>

The Organization's depreciation expense was \$4,059 for the year ended September 30, 2014. Non-depreciable assets include the shelter rebuild in progress. The Organization is currently in the process of rebuilding its shelter which was damaged by fire. Depreciation will begin when the shelter rebuild is complete and the asset is placed in service.

Note C - Intangible Assets

In connection with the September 2012 lease of a 2012 Honda Civic, the Organization made a down payment that partially consisted of capitalized cost reduction in the amount of \$1,864. Amortization expense and accumulated amortization for and as of the year ended September 30, 2014 was \$621 and \$1,294 respectively. Estimated amortization expense is \$570 for the year ended September 30, 2015.

Note D - Temporarily Restricted Net Assets

Temporarily restricted net assets at September 30, 2014 consists of the following:

Restricted as to Use:

One on one care	\$ 4,000
Total temporarily restricted net assets	<u>\$ 4,000</u>

Note E - Commitments

While the Organization's permanent shelter is being rebuilt, the Organization is leasing temporary shelter space on a month to month basis from a local church. This agreement calls for rent to be paid at a base rate of \$1,000 per month, with an additional 1,500 per month due based on settlement of the Organization's fire insurance claims. Rental expense for this lease was \$40,000 for the year ended September 30, 2014, which includes \$30,000 of current period rent recognized, and \$10,000 of formerly contingent rent related to the prior year which became due upon settlement of the insurance claim. \$11,000 of this rent is payable at September 30, 2014.

**Mother's Refuge  
Notes to Financial Statements  
September 30, 2014**

**Note E - Commitments (Continued)**

Effective October 15, 2010, the Organization signed a two year lease agreement for their current office location for \$838 per month. Rental expense under this lease was \$10,056 for the year ended September 30, 2014. The lease has continued month to month since ending in October 2012.

In September 2012, the Organization leased a 2012 Honda Civic for a term of 36 months at a rate of \$136 per month. Rental expense under this lease was \$1,632 for the year ended September 30, 2014. Under this lease, future minimum lease payments are due as follows for the fiscal year ending:

September 30, 2015 - \$1,496

**Note F - Advertising Expense**

Mother's Refuge expenses all advertising costs when paid. Advertising expense for the year ended September 30, 2014 is \$16,251.

**Note G - Grants/Contracts**

As of September 30, 2014 the Organization has Grants/Contracts receivable as follows:

Receivable in less than one year	\$ 85,772
Total Grants/Contracts at September 30, 2014	<u>\$ 85,772</u>

All Grants/Contracts are expected to be collected within one year. All Grants/Contracts recorded as receivables at September 30, 2014 are expected to be fully collectible based on previous experience.

**Note H - Beneficial Interest in Net Assets Held by Community Foundation**

The Organization signed an agreement with the Truman Heartland Community Foundation (the Foundation) to establish the Mother's Refuge Fund (the Fund) with two sub funds; the Mother's Refuge Operating Reserve Fund and the Mother's Refuge Endowment Fund, whereby the Organization originally transferred funds in the amount of \$90,100 to the Foundation. The original purpose of the Operating Reserve Fund was to receive assets of the Organization that have been earmarked for short term investment, with the annual net income from the fund to be distributed to the Organization on an as needed basis at the request of Mother's Refuge. The original purpose of the Endowment Fund was to receive assets of the Organization that have been earmarked for long term investment, with the annual net income from the fund to be distributed to the Organization on an as needed basis at the request of Mother's Refuge.

The agreement requires requests for distributions from the Fund may be made upon the Foundation's receipt of the written recommendation of two of the following officers of Mother's Refuge: President, Vice President, Secretary or Treasurer. The agreement further states that the Foundation reserves the right to make the final decision regarding distributions from the Fund.

Mother's Refuge  
Notes to Financial Statements  
September 30, 2014

**Note I - Endowment**

**Endowment Overview**

The Organization endowment consists of an investment account and a portion of the cash balance established for future Board projects. The endowment includes only funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions, of which none exist currently.

**Return Objectives and Risk Parameters**

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include board-designated funds. Under this policy, the endowment assets are invested in a manner that is intended to produce reasonable return while assuring a moderate level of investment risk. The Organization expects its endowment fund, over time, to provide an average rate of return greater than 5 percent annually. Actual returns in any given year may vary from this amount.

**Strategies Employed for Achieving Objectives**

To satisfy their long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Endowment assets are placed in the Mother's Refuge Endowment Fund at the Truman Heartland Community Foundation.

At September 30, 2014 unrestricted net assets were designated by the Board as endowments were as follows:

**Endowments:**

<b>Future Board Projects</b>	<b><u>\$ 11,253</u></b>
------------------------------	-------------------------

Composition of and changes in endowment net assets for the year ended September 30, 2014 was as follows:

Board-designated endowment net assets, beginning of year:	\$ 10,329
Investment income	364
Net appreciation	668
Administrative fees	( 108)
Board-designated endowment net assets, end of year	<b><u>\$ 11,253</u></b>

**Mother's Refuge**  
**Notes to Financial Statements**  
**September 30, 2014**

**Note J - Fair Value Measurements**

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy are described as follows:

- Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date.
- Level 2: Directly or indirectly observable inputs as of the reporting date through correlation with market data, including quoted prices for similar assets and liabilities in active markets and quoted prices in markets that are not active. Level 2 also includes assets and liabilities that are valued using models or other pricing methodologies that do not require significant judgment since the input assumptions used in the models, such as interest rates and volatility factors, are corroborated by readily observable data from actively quoted markets for substantially the full term of the financial instrument.
- Level 3: Unobservable inputs that are supported by little or no market activity and reflect the use of significant management judgment.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used needed to maximize the use of observable inputs and minimize the unobservable inputs.

Following is a description of the asset methodologies used for assets measured at fair value:

Beneficial interest in assets held by Community Foundation: Valued at contract value, which approximates fair value. Contract value represents contributions made under the contract, plus investment income and appreciation (depreciation), less withdrawals and administrative expenses.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of September 30, 2014.

	Assets at Fair Value as of September 30, 2014			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 16,678	\$ -	\$ -	\$ 16,678
Beneficial interest in assets held by Community Foundation	-	-	99,780	99,780
Total	<u>\$ 16,678</u>	<u>\$ -</u>	<u>\$ 99,780</u>	<u>\$116,458</u>

The mutual funds are presented as "other assets" in the statement of financial position.

Mother's Refuge  
Notes to Financial Statements  
September 30, 2014

Note J - Fair Value Measurements (Continued)

The following table sets forth a summary of changes in the fair value of the Organization's level 3 assets for the year ended September 30, 2014:

	Year Ended September 30, 2014	Beneficial Interest in Assets Held by Community Foundation
Balance, beginning of year	\$ 98,138	
Investment income	1,962	
Capital gains	668	
Administrative fees	( 988)	
Total Assets at Fair Value	\$ 99,780	

Note K - Extraordinary Event, Fire at Shelter

On October 8, 2012 the primary housing facility used by the Organization was severely damaged by fire. The Organization is currently in the process of repairing, rebuilding and expanding the shelter. The Organization is expanding the shelter in order to be compliant with modern building codes. The Organization's insurance policies have provided funds to cover a portion of the rebuild. As of September 30, 2014, insurance proceeds received to date were \$246,696. \$14,823 of these proceeds were recognized in the year ended September 30, 2013 to the extent of the net book value of the assets destroyed by fire. The remaining proceeds of \$231,873 were recognized in the year ended September 30, 2014. No additional insurance proceeds are expected after September 30, 2014.

Rebuilding costs in excess of insurance proceeds will be paid for by the Organization. The Organization's Board has designated a portion of unrestricted net assets to be used for the shelter rebuild. At September 30, 2014 \$125,531 has been designated for this purpose. If additional funds are needed, the Board may elect to designate additional funds for this purpose in future years. If these designated funds exceed the amount needed, excess funds may revert back to being used in the Organization's general operations.

The Organization anticipates that a portion of the materials and labor included in this cost will be provided to the Organization in the form of non-cash contributions and donated services. It is not clear at this time what affect these contributed materials and services will have on the cash needed for the project.

Note L - Concentrations

Approximately 35.31% of the Organization's support was received from the combined funding of the Missouri Department of Social Services and the State of Missouri. This percentage has been significant in prior years as well. If these Organizations terminated their relationships with Mothers Refuge it would have a significant impact on the Organization's operations.

**Mother's Refuge  
Notes to Financial Statements  
September 30, 2014**

**Note N - Subsequent Events**

Management has evaluated subsequent events through October 2, 2015, the date which the financial statements were available for issue.

As mentioned in Note K, the Organization is in the process of rebuilding its primary shelter which was destroyed by fire in October of 2012. The shelter rebuild was substantially completed in December 2014, and the Organization's residents began moving back in at that time. The total cost of the completed project was approximately \$379,000, which includes donated building materials and professional services estimated at approximately \$68,000.

**SUPPLEMENTAL INFORMATION**

***Steven T. Osborne***

*Certified Public Accountant*

2101 Burlington

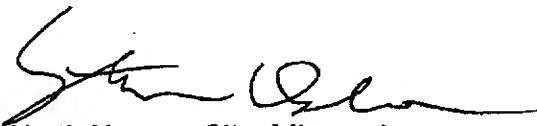
North Kansas City, Missouri 64116

816/842-0960 FAX 816/842-0948

**INDEPENDENT AUDITOR'S REPORT ON  
SUPPLEMENTAL INFORMATION**

To the Board of Directors of  
Mother's Refuge

I have audited the financial statements of Mother's Refuge as of and for the year ended September 30, 2014, and have issued my report thereon dated October 2, 2015, which contained an unmodified opinion on those financial statements. My audit was performed for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Contributions, Grants and Other Support is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

  
North Kansas City, Missouri  
October 2, 2015

**Mother's Refuge**  
**Schedule of Contributions, Grants and Other Support**  
**Year Ended September 30, 2014**

Missouri Department of Social Services	\$ 124,456
United Way	24,839
Combined Federal Campaign	6,431
Faith based organizations	31,164
Jackson County, Missouri	20,000
Individuals	280,949
Corporations and other businesses	20,223
Foundations	41,750
State of Missouri	107,817
<b>Total</b>	<b><u>\$ 657,629</u></b>

PRICING PAGE, continued

<b>GEOGRAPHIC REGION 3</b>		
<b>Item #</b>	<b>Description</b>	<b>Pricing</b>
<b>PROFESSIONAL CASE MANAGEMENT</b>		
29	Face-to-Face Professional Case Management	\$ <u>18.00</u> firm, fixed price per hour
30	Home Visit Professional Case Management	\$ <u>18.00</u> firm, fixed price per hour
31	Non Face-to-Face Professional Case Management	\$ <u>15.00</u> firm, fixed price per hour
<b>NON-PROFESSIONAL CASE MANAGEMENT</b>		
32	Face-to-Face Non-Professional Case Management	\$ <u>14.00</u> firm, fixed price per hour
33	Home Visit Non-Professional Case Management	\$ <u>14.00</u> firm, fixed price per hour
34	Non Face-to-Face Non-Professional Case Management	\$ <u>12.00</u> firm, fixed price per hour
<b>PREGNATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING</b>		
35	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ <u>20.00</u> firm, fixed price per hour, per client
36	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ <u>100.00</u> firm, fixed price per hour, per group
<b>ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING</b>		
37	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ <u>20.00</u> firm, fixed price per hour, per client
38	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ <u>100.00</u> firm, fixed price per hour, per group
<b>HOUSING</b>		
39	Residential Care	\$ <u>100.00</u> firm, fixed price per day (maximum \$100)
40	Emergency Shelter Housing	\$ <u>60.00</u> firm, fixed price per day (maximum \$60)
41	Housing Assistance	\$ <u>600.00</u> guaranteed not-to-exceed price per client, per month (maximum \$600)
<b>ADMINISTRATIVE COST</b>		
42	Administrative Cost	<u>8</u> % firm, fixed percentage (maximum 8%)

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. **Provide a brief company history, including the founding date and number of years in business as currently constituted.**

Since 1987, Mother's Refuge is a loving home to homeless, pregnant and parenting young women 21-years of age and under. By providing a physical place to live through pregnancy and up to one-year postpartum, Mother's Refuge has been a true alternative to abortion for at-risk young ladies facing an unplanned pregnancy for the past 29 years.

Our mission statement is to *"shelter and educate homeless, pregnant and parenting young women by providing comprehensive services, empowering them to make successful life decisions for themselves and their babies."* We have provided a safe and loving home, including utilities, transportation, food, administration of medications, group parenting classes, clothing, and case management for more than 1,500 at-risk young women and babies.

2. **Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.**

Refuge is one of the few maternity homes licensed by the state of Missouri to house both pregnant and parenting teenagers and their babies. Our 29-year history of providing services for pregnant young women and babies demonstrates our commitment and stability to continue supporting this at-risk population.

We provide nutritional food for breakfast, lunch, dinner and snacks. We provide transportation to school, GED, medical appointments, community resources, pregnancy and parenting classes and other mandatory appointments. Some of the required pregnancy and parenting classes our clients attend include SIDS, Safe Sleeping, Car Seat Safety, Breastfeeding, Nutrition, Parenting, Attachment, Have a Healthy Baby, Baby Care, Bedtime Routine, Bath Safety, Nutrients for your Baby, and Child Abuse Prevention. Residents attend classes on personal hygiene, healthy relationships, domestic violence prevention, career building, budgeting and personal goal setting. They are taught how to be a responsible parent, how to take care of themselves and their homes. We conduct weekly tutoring sessions and closely monitor their school progress to ensure they are progressing in their educational experiences.

Our program criterion is potential clients must be pregnant and have no safe place to reside. Homeless means parents, boyfriend or friends have asked them to leave; they have dysfunctional families; or have no parents or guardian. In most cases, they are fending on the streets by themselves. Their backgrounds vary, but most are from homes that include physical, emotional, sexual, drug, and alcohol abuse, prostitution or families involved in crime. They have run out of options or would not consider living in a shelter. Long-term care is crucial to make positive lifelong changes.

While in our program young moms are required to continue their education and work towards improving their life situations. They must attend classes, progress through our Five-Step Empowerment program and participate in our Earn as You Learn Assimilated Money program.

We are committed to helping young moms through their unplanned pregnancy and to continue assisting them and their baby's post-partum. Residents may stay in our facility for up to one year after their babies are born. This important fact separates us from most facilities, not only in Missouri, but also in the United States. Most homes only allow the young women to stay a few weeks after delivery. We feel that this unique option makes Mother's Refuge a one-of-a-kind shelter in Missouri and contributes to our continued success. We provide case management and infant and personal supplies through our Aftercare Community Outreach program after the clients leave our facility. This allows us to monitor the well-being of the babies and mother for years to come.

Mother's Refuge can be found on the internet at [www.MothersRefuge.org](http://www.MothersRefuge.org) .

**3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.**

Mother's Refuge receives funding through the Homeless Challenge Grant for \$15,000 per year through Jackson County. This contract is to provide bed nights for homeless, pregnant and parenting young women.

We have a contract with the State of Missouri to provide residential care for pregnant and parenting young women and their babies who are wards of the State of Missouri. We receive \$140 per day for shelter, food, transportation, clothing and other necessities and supplies.

**4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.**

Mother's Refuge has maintained the same contracts over the past two years and have not lost any to date to provide similar services.

**5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.**

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	We provide shelter for homeless, pregnant and parenting young women and help reunite parenting teenagers with their families so they and their child can move back home and continue parenting. We also assist parenting young women to obtain permanent housing in order to parent their infant in a stable home environment.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	All pregnant and parenting young women are required to continue their formal education and are encouraged to obtain higher education. During their residential care they participate in our Launch to Independence Life-skills program which is an Earn

	as you Learn based curriculum. They receive job preparation training, save 75% of earned income and learn about the benefits of family life in our self-esteem classes and activities.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Mother's Refuge tries to reduce the incidence of out-of-wedlock pregnancies through our self-esteem classes and activities. We encourage young moms to set attainable short and long term goals for their education, finances and personal lives postponing future pregnancies.
Encouraging the formation and maintenance of two-parent families	Through our self-esteem and parenting classes we encourage the formation and maintenance of two-parent families. If the father is involved we invite him to participate in medical appointments, pregnancy and parenting activities. We also promote individual and family counseling.

6. **Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.**

Mother's Refuge Board of Directors is the governing body of Mother's Refuge which votes to approve financial goals, the annual budget, organizational and operational policies and procedures. Formally, they meet quarterly and informally several times throughout the year. The board currently consists of six members: Cindy Cotterman, Board President; Ed Minor, Vice-President; Doug Horn, Secretary; Betty Allen, Treasurer; Ramona Cook, Member; Brett Gordon, Member; and David Domsch, Founding Board Member Emeritus.

The top departmental management consists of Robert Zornes, Executive Director; Angel McDonald, Program Director; Kimberlee Peppers, Program Manager; Julie Johnson, Case Manager; and Cassie Lara, Education Coordinator.

The Board of Directors and management work closely to utilize other community resources as volunteers, teachers, for fundraising events, to obtain expertise, training, and other such activities. Some of the organizations we utilize is the University of Missouri Extension Program to teach nutrition classes, the Independence Health Department also teaches classes on health related topics, the Keeler's Women Center, Harvesters, and many others.

7. **Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.**

There is no pending or ~~any~~ legal proceedings involving Mother's Refuge within the last three years.

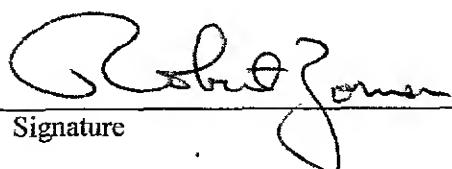
**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Robert Zornes, Executive Director

Name and Title of Authorized Representative

Signature



March 16, 2016

Date

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Mother's Refuge</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For):</b>	
Name of Reference Company/Client:	Commissioner's Office, Office of Administration
Address of Reference Company/Client:	State Capitol Building, Room 125, Jefferson City, MO 65101
Reference Contact Person Name, Phone #, and E-mail Address:	Emily Kraft Phone: 573.751.8502 Email Address: Emily.Kraft@oa.mo.gov
Title/Name of Service/Contract:	Alternative to Abortion Program
Dates of Service/Contract:	June 1, 2015 through May 31, 2016
If service/contract has terminated, specify reason:	End of Grant Cycle
Size of Service such as:	<ul style="list-style-type: none"> <li>• We have served 14 pregnant young women during this contract period out of 48 total clients served by Mother's Refuge during this time period.</li> <li>• We were awarded \$141,247.28.</li> </ul>
Size of Service/Contract (in terms of vendor's total amount of business)	Mother's Refuge received 26% of total business amount from this program.
Description of Services Performed, such as:	<ul style="list-style-type: none"> <li>• Pregnant young women at risk of abortion.</li> <li>• Complete Residential Care Services, education, food, clothing, etc.</li> <li>• Jackson, County, Missouri</li> <li>• <u>To provide complete residential care for homeless, pregnant and parenting young women and their babies in order to prevent abortions.</u></li> </ul>
Personnel Assigned to Service/Contract (include position title):	Robert Zornes, Executive Director

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: <u>Mother's Refuge</u></b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For)</b>	
Name of Reference Company/Client:	City of Independence, Missouri
Address of Reference Company/Client:	City of Independence Missouri, Community Development Department, 111 E. Maple, Independence, MO 64050
Reference Contact Person Name, Phone #, and E-mail Address:	Cheryl Montenguise Phone: 816.325.7398 Email Address: <a href="mailto:cmontenguise@indepmo.org">cmontenguise@indepmo.org</a>
Title/Name of Service/Contract:	Community Development Block Grant
Dates of Service/Contract:	July 1, 2015 through June 30, 2016
If service/contract has terminated, specify reason:	End of contract period
Size of Service such as:	<ul style="list-style-type: none"> <li>• We have served 47 homeless, pregnant young women during this contract period to date.</li> <li>• We received \$7,000.00.</li> </ul>
✓ Number of Individuals Being Served	
✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	We received 1% of our total amount of business through this contract.
Description of Services Performed, such as:	<ul style="list-style-type: none"> <li>• Homeless, pregnant and parenting young women and their babies.</li> <li>• Complete Residential Care Services, education, food, clothing, etc.</li> <li>• City of Independence, Missouri.</li> <li>• <del>To provide direct care, utilities and comprehensive services in order to deliver complete residential care services for homeless, pregnant and parenting young women and their babies.</del></li> </ul>
✓ Population Served	
✓ Type of Services Performed	
✓ Geographic Area Served	
✓ Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	Robert Zornes, Executive Director

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Mother's Refuge</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For)</b>	
Name of Reference Company/Client:	Jackson County Missouri Housing Resource Commission
Address of Reference Company/Client:	Jackson County Courthouse, 415 E. 12 <sup>th</sup> St., 2 <sup>nd</sup> Floor, Kansas City, MO 64106
Reference Contact Person Name, Phone #, and E-mail Address:	Cindy Wallace Phone: 816.881.3312 Email Address: CWallace@jacksongov.org
Title/Name of Service/Contract:	Jackson County Missouri Housing Resource Commission Contract
Dates of Service/Contract:	January 1, 2015 through December 31, 2015 (Have a current contract 1/1/16-12/31/16 also)
If service/contract has terminated, specify reason:	End of Grant Term but we have a new contract underway
Size of Service such as:	<ul style="list-style-type: none"> <li>• We served 29 homeless, pregnant young women and their babies during the 2015 contract period out of 52 total clients served during that time.</li> <li>• We received \$15,000.00 to provide residential care for homeless clients in Jackson County Missouri.</li> </ul>
Size of Service/Contract (in terms of vendor's total amount of business):	We received 2.8% of our total amount of business through this contract.
Description of Services Performed, such as:	<ul style="list-style-type: none"> <li>• Homeless, pregnant and parenting young women 21 years of age and under and their babies.</li> <li>• Complete Residential Care Services, education, food, clothing, etc.</li> <li>• Jackson County, Missouri.</li> <li>• To provide bed nights and complete residential care for pregnant and parenting young women and their babies in Jackson County, Missouri.</li> </ul>
Personnel Assigned to Service/Contract (include position title):	Robert Zornes, Executive Director

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Mother's Refuge</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri Department of Social Services Children's Division
Address of Reference Company/Client:	205 Jefferson St., Jefferson City, MO 65103
Reference Contact Person Name, Phone #, and E-mail Address:	Stephanie M. Beck, Regional Licensing Consultant, Northwest Region Phone: 573.751.4954 or Cell: 816.225.1274 Email Address: Stephanie.M.Beach@dss.mo.gov
Title/Name of Service/Contract:	Residential Care License
Dates of Service/Contract:	July 1, 2015 through July 1, 2016
If service/contract has terminated, specify reason:	N/A
Size of Service such as:	<ul style="list-style-type: none"> <li>✓ Number of Individuals Being Served</li> <li>✓ Total Annual Value/Volume</li> </ul> <ul style="list-style-type: none"> <li>• We served 7 pregnant teenagers and their babies in the State of Missouri custody to date during this contract period out of 47 total clients served during that time.</li> <li>• We have received \$34,845.72 to provide residential care for clients in the State of Missouri custody.</li> </ul>
Size of Service/Contract (in terms of vendor's total amount of business)	During this license contract we have received 7% of our total amount of business through clients in the State of Missouri custody.
Description of Services Performed, such as:	<ul style="list-style-type: none"> <li>✓ Population Served</li> <li>✓ Type of Services Performed</li> <li>✓ Geographic Area Served</li> <li>✓ Vendor's specific duties and strategic objective</li> </ul> <ul style="list-style-type: none"> <li>• Pregnant and parenting young women 21 years of age and under and their babies.</li> <li>• Complete Residential Care Services, education, food, clothing, etc.</li> <li>• The state of Missouri.</li> <li>• To provide complete residential care for pregnant and parenting young women and their babies.</li> </ul>
Personnel Assigned to Service/Contract (include position title):	Robert Zornes, Executive Director

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

Title of Position:	Executive Director
Name of Person:	Robert E. Zornes
Educational Degree (s): include college or university, major, and dates	Masters of Science in Counselor Education, Emporia State University, August 1980. Bachelor of Music Education, Evangel College, May 1978.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CPR and First Aid Certification – Expires 5/2017 Med Tech Certification – Expires 6/2015
Specialized Training Completed.	Leaders Edge Training, Concepts for Effective Services Training, Adoption Training, Certified Executive Leader, Strengthening the Culture of Care Certification, Residential Training Certification.
# of years experience in area of service proposed to provide:	25 years' experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee at Mother's Refuge for 15 years.
Describe this person's responsibilities over the past 12 months.	Mr. Zornes oversees all program components, invoicing and documentation.
Previous employer(s), positions, and dates	1995-2001 RZ Enterprises, Owner 1993-1995 The Kirby Company, Area Distributor 1987-1997 The Light House, Inc., Executive Administrator 1981-1985, Northland Cathedral, Minister of Counseling
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	1987-1997 The Light House & 2001-Present, responsible for infant care and direct care early childhood training
<input checked="" type="checkbox"/> Family/marital counseling	1981-1985, Northland Cathedral, provided family counseling 1987-1997 The Light House & 2001-Present Mother's Refuge oversaw reunification for clients and their families, and parenting plans for pregnant and parenting young women and the baby's father.
<input checked="" type="checkbox"/> Social work	1987-1997 The Light House & 2001-Present, responsible for the accuracy and progress of treatment plans for clients.
<input checked="" type="checkbox"/> Case management	1981-1985, Northland Cathedral, provided family counseling 1987-1997 The Light House & 2001-Present, responsible for overseeing all case management activities for homeless, pregnant and parenting young women and infants.

<b>Title of Position:</b>	<b>Executive Director</b>
✓ Program administration	1981-1985, Northland Cathedral, responsible for program administration for family counseling 1987-1997 The Light House & 2001-Present, responsible for all program goals and outcomes, along with all components of program administration.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b>	<b>Program Director</b>
<b>Name of Person:</b>	Angel McDonald
Educational Degree (s): include college or university, major, and dates	Bachelor of Arts Psychology, University of Missouri- Kansas City, May 2007
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CPR and First Aid Certification – Expires 5/2017 Met Tech Certification – Expires 6/2016
Specialized Training Completed.	Practical Leadership, Adoption Liaison, Client Boundaries, SIDS, Suicide Prevention, Adolescent & Infant Care, Family & Group Dynamics, Domestic Violence & Child Abuse Prevention, Crisis Intervention, Developmental Needs, Child Passenger Safety, Cultural Diversity
# of years experience in area of service proposed to provide:	13 years' experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee at Mother's Refuge for 13 years.
Describe this person's responsibilities over the past 12 months.	Responsible for grant writing and reporting, program outcomes, donor relations, staff supervision and training, assistant to the Executive Director.
Previous employer(s), positions, and dates	6/2000-10/2002 KC Affordable Heat and Air, Office Manager 2/1997-5/2000 Domestic Management, Caregiver
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	10/2002-Present, Mother's Refuge, infant care and training 2/1997-5/2000, Domestic Management, infant and early childcare caregiver
✓ Family/marital counseling	10/2002-Present, Mother's Refuge, work with clients and their families for reunification, also worked with pregnant and parenting young women and the baby's father to establish parenting plans.
✓ Social work	10/2002-Present, Mother's Refuge, responsible for the accuracy and progress of treatment plans for clients.
✓ Case management	10/2002-Present, Mother's Refuge, responsible for overseeing all case management activities for homeless, pregnant and parenting young women and infants.
✓ Program administration	10/2002-Present, Mother's Refuge responsible for all program

<b>Title of Position:</b>	<b>Program Director</b>
	goals and outcomes, along with all components of program administration.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b>	<b>Program Manager</b>
<b>Name of Person:</b>	Kimberlee Peppers
Educational Degree (s): include college or university, major, and dates	Bachelor of Science in Psychology, Southwest Baptist University, May 2003
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Med Tech Certification – Expires 3/2017 CPR and First Aid Certification – Expires 7/2017
Specialized Training Completed.	Adoption Specialist Training, Homeless Youth Services, Suicide Prevention, Client Boundaries, SIDS, Adolescent & Infant Care, Family & Group Dynamics, Domestic Violence & Child Abuse Prevention, Crisis Intervention, Developmental Needs, Child Passenger Safety, Cultural Diversity
# of years experience in area of service proposed to provide:	Kimberlee has 13 years' experience in the area of service proposed to provide.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	She is an employee at Mother's Refuge for 2 years and worked as the Case Manager for 2 years.
Describe this person's responsibilities over the past 12 months.	Kimberlee is responsible for overseeing daily operations at the shelter. She ensures all clients are receiving the services they need daily by the case manager, education coordinator and direct care staff. She also directly oversees that all programs are implemented and supervises staff members.
Previous employer(s), positions, and dates	9/2012 – 8/2014 Vera Lloyd Presbyterian Home, Family Teacher 8/2011 – 10/2012 Drumm Farm for Children, Family Teacher 6/2007 – 8/2008 Family and Parenting Development, Parent Aid
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Foster Parent, Drumm Farm for Children 8/2011-10/2012. She lived with 8 girls in foster care and served as a nurturing direct care provider for the physical and emotional needs.
✓ Family/marital counseling	6/2007-8/2008 Parent Aide, Family and Parenting Development - counseled with parents and their children regarding communication, proper discipline
✓ Social work	9/2012-8/2014 Vera Lloyd Presbyterian Home, Family Teacher. Typed and submitted all monthly treatment plans to Probation Officers for juveniles at the home. Scheduled & lead monthly staff meeting regarding client treatment and progress.

<b>Title of Position:</b>	<b>Program Manager</b>
	7/2003-5/2005 Mother's Refuge, Case Manager. Responsible for individual client treatment plans, goal setting and accessing community resources.
✓ Case management	9/2012-8/2014 Vera Lloyd Presbyterian Home, scheduled all medical, dental and psychological appointments for juveniles. Ensured they went to all appointments, maintained all client documents and paperwork. 7/2003-5/2005 Mother's Refuge, Case Manager. Individual case management for pregnant and parenting young moms and babies.
✓ Program administration	9/2014-Current, Mother's Refuge, Program Manager. Responsible for program administration for homeless shelter for pregnant and parenting young moms and babies. Oversee all programs, daily activities, clients and staff members.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

Title of Position:	Case Manager
Name of Person:	Julie Johnson
Educational Degree (s): include college or university, major, and dates	Bachelor of Science in Sociology, Central Missouri State University, July 1989. Teacher Education Program, Central Missouri State University, August 1999.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CPR and First Aid Certification – Expires 7/2017 Med Tech Certification – Expires 9/2016
Specialized Training Completed.	Adoption Specialization, Residential Treatment Training, Suicide Prevention, SIDS Training, Car Seat Safety, Child Abuse Prevention, Trauma Life Course Certification, Pregnancy & Post-partum Training, Cultural Diversity Training, Developmental Needs & Child Management Techniques, Domestic Violence
# of years experience in area of service proposed to provide:	Ms. Johnson has 6 years' experience in this area of service.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Ms. Johnson has been an employee at Mother's Refuge for 6 years.
Describe this person's responsibilities over the past 12 months.	Ms. Johnson is responsible for all case management activities.
Previous employer(s), positions, and dates	2006-2009 Mother's Day Out, Daycare Provider 2000-2009 Blue Springs School District, Substitute Teacher 1998-2000 St. John LaLande, Daycare Provider
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<ul style="list-style-type: none"> <li>✓ Early childhood development</li> </ul>	1998-2000, St. John LeLande, provided direct care and teaching for children 0-5 years of age. 2000-2009, Blue Springs School District, provided early childhood learning as a teacher 2006-2009, Mother's Day Out, provided direct care and teaching for children 0-5 years of age. 2009-Present, Mother's Refuge, provide care, learning opportunities and staff/parent training for children 0-2 years of age.
<ul style="list-style-type: none"> <li>✓ Family/marital counseling</li> </ul>	2009-Present, Mother's Refuge, work with clients and their families for reunification, also worked with pregnant and parenting young women and the baby's father to establish

<b>Title of Position:</b>	<b>Case Manager</b>
	parenting plans.
✓ Social work	2009-Present, Mother's Refuge, responsible for the accuracy and progress of treatment plans for clients.
✓ Case management	2009-Present, Mother's Refuge, responsible for individualized case management activities for homeless, pregnant and parenting young women and infants.
✓ Program administration	2009-Present, Mother's Refuge responsible for client program goals and outcomes.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b>	<b>Education Coordinator</b>
<b>Name of Person:</b>	Cassie Lara
Educational Degree (s): include college or university, major, and dates	Masters of Arts in Intercultural Studies, Nazarene Theological Seminary, August 2011. Bachelor of Arts in Christian Ministries, Northwest Nazarene University, XXXXX
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CPR & First Aid Certification – Expires 5/16/17 Med Tech Certification – Expires 9/1/16
Specialized Training Completed.	Client Boundaries, SIDS, Suicide Prevention, Adolescent & Infant Care, Family & Group Dynamics, Domestic Violence & Child Abuse Prevention, Crisis Intervention, Developmental Needs, Child Passenger Safety, Cultural Diversity
# of years experience in area of service proposed to provide:	Ms. Lara has 5 years' experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Ms. Lara has been an employee at Mother's Refuge for 5 years.
Describe this person's responsibilities over the past 12 months.	Ms. Lara is responsible for scheduling all classes, education opportunities, transportation and appointments.
Previous employer(s), positions, and dates	Mahoney's Pharmacy, Pharmacy Technician, 2010-2011 Macy's Department Store, Merchandising Support, 2009-2010
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	2011-Present, Mother's Refuge, provides direct infant care and training, responsible for early childhood parenting education.
✓ Family/marital counseling	2011-Present, Mother's Refuge, works with mothers, fathers and families to establish reunification and parenting plans.
✓ Social work	2011-Present, Mother's Refuge, works with mothers, fathers and families to establish reunification and parenting plans.
✓ Case management	2011-Present, Mother's Refuge, works with Case Manager to establish and monitor education and personal goals and progress.
✓ Program administration	2011-Present, Mother's Refuge responsible for educational program goals and outcomes, along with components of program administration and reporting. Assists with grant writing and reporting.

**EXHIBIT F****METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. **Identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location.**

Our home is located at 3721 Delridge in Independence, Missouri near a local bus line and by the Truman Sports Complex. More than 85% of our clients are from within a 20-mile radius of our shelter. We are in the Independence School District, which provides transportation to and from school. We are less than 10 miles from all of our service providers. Most of the health agencies provide transportation to doctor and health-related appointments.

Residents are able to access the local bus system in order to utilize additional community resources. We also have two agency vehicles to transport residents. Restaurants, churches, recreational, and employment opportunities are within walking distance of our home.

Women initially access Mother's Refuge services and locate our home through phone or email contact with our case manager, Julie Johnson. They arrive by bus, friends, family or in some instances we meet clients at a public location and provide transportation to our home as needed.

Our office is located at 14400 E. 42<sup>nd</sup> St. S., Ste. #220, Independence, Missouri. This is within five miles of our shelter. The Executive Director and Program Director work out of the office location but conduct meetings, follow-up and program assistance at the home throughout the week.

2. **Describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients**

Mother's Refuge serves pregnant and parenting young women 21-years of age and under through the Alternatives to Abortion contract. The average age of our clients is 17 years. The pregnant young ladies we care for come from diverse backgrounds. Many of the women would have had an abortion, or due to homelessness, would literally have lived on the streets. Some have eaten out of dumpsters, or they have been kicked out of their homes. All are 21-years of age or younger, homeless, and without financial support. We are available to receive clients from anywhere in the state of Missouri. Most are behind in their formal education.

The majority of the girls who come to live with us have parents who are involved in prostitution, drugs and alcohol, gambling, or they are in prison. The parents/families of these young ladies are unable to offer either emotional or financial support. To say the least, their homes are extremely dysfunctional. Dysfunctional families often create an environment of neglect and abuse, placing the safety of pregnant or parenting moms and their babies at risk, and placing girls at a higher risk for abortion. Friends and/or boyfriends typically are unable to or unwilling to offer long-term support.

We strive to provide services to a diverse population. *Our past 3-year racial diversity statistics are:* 33% African American, 40% Caucasian, 10% Hispanic or Latino, 8% Bi-Racial, 6% Indian, 2% Asian, and 1% Russian.

Mother's Refuge has a long history of housing young women who do not fit into any other group home setting. Our license allows us to house 14 residents (including girls and babies). Last year, we served 52 young mothers and their babies and provided 3,389 bed nights. We have witnessed a 23% increase in the number of clients over the past few years. Based on the past year we propose Mother's Refuge will serve 50 homeless, pregnant and parenting young women and their babies with half of them qualifying for Alternatives to Abortion funding.

We are determined to reach our target population by increasing community awareness of our program. Reaching a diverse population has always been a core value of our agency. Our statistics of ethnic and cultural diversity reflects this commitment.

We have an informational video on YouTube, and have created a Facebook, Snap Chat and Twitter account to stay current with technology and reach a diverse population. Representatives from our organization visit area public and private schools each year to speak to young ladies. As a result, many school counselors, teachers and nurses refer residents to us. We conduct two open houses yearly and invite hundreds of area pregnancy resource centers; school counselors and nurses; social workers, doctors and nurses from area hospitals and clinics; the Division of Children's Services advocates and workers, along with other community pregnancy referral service providers. They tour our home, meet our key staff and learn more about our program. Along with the invitation, we mail them several one-page client brochures outlining the services we provide and how to contact our home.

We distribute informational brochures to young women at community events, schools and churches to promote our program in order to target at-risk, pregnant girls. We participate at several inner-city resource fairs to target a diverse population and distribute information.

We continue to pursue creative ideas on how to reach our targeted at-risk population while addressing their cultural diversity through management meetings and listening to outside advice.

3. **Describe the marketing of services.**

We market our program through speaking engagements, personal contacts, resource fairs, public media, annual newsletters, and annual open house events. Other marketing strategies include mailing informational materials to school nurses, social workers and counselors in a seven-county area. We visit local schools, resource fairs, churches, businesses, community groups and other agencies to inform prospective clients and referral sources about our program.

We have a web page and social media accounts available. We are listed on several search engines as an alternative to abortion, area community resource guides, and are listed in various telephone directories. We are also listed in 2-1-1. Some of the directories and guides include the Kansas City Yellow Pages, Independence Yellow Pages, Kansas City Black Pages, Shepherd's Guide, and the Maternal and Child Health Coalition Community Resource Guide.

Naturally, word of mouth from former residents brings girls to our doors. They are often our best advertisement. We have been featured on local television and radio stations. Robert Zornes, Executive Director, is often requested to comment on issues concerning homelessness of pregnant young women, teen pregnancy or abortion-related stories.

Comcast cable television network generously airs a public service announcement about Mother's Refuge to increase awareness for homeless, pregnant young women. This advertisement increased public awareness of our alternatives to abortion program and as a result we have seen an increase in those seeking our services, in-kind donors, and volunteers. Comcast plans to continue broadcasting this announcement.

We have been featured in several area newspapers and magazines. Some include The Independence Examiner, Kansas City Star, Kansas City Metro Voice, the Catholic Key, the Kansas City Business Journal, and Lee's Summit Journal of Home Living.

**4. Identify the site where the Individual Risk and Needs Assessment and Initial Client Assessment will be conducted. Describe how client eligibility will be determined.**

The Individual Risk and Assessment and Initial Client Assessment will be conducted at Mother's Refuge home located at 3721 Delridge in Independence, Missouri by our professional case management personnel in her private office.

Transportation to this location is arranged by our staff, and special arrangements are made when a potential client is unable to access our location through the bus system by providing cab vouchers or by staff to and from the Assessments.

Eligibility into our Residential Alternatives to Abortion program is determined by the professional case management team during the Initial Interview Process. Documentation is obtained for proof of pregnancy – a client must have proof of pregnancy by a professional physician's office or health clinic. The client must have a desire to carry an unborn child to term instead of having an abortion. The client must be 21-years of age or younger to reside at Mother's Refuge which is verified by a birth certificate and state issued photo identification card. If one is not available at the time of interview then the

case manager assists the client in obtaining this information and the age requirement is verified through prior education and medical records.

Income eligibility is determined through obtaining client and family employment information, using paycheck stubs if available, utilizing the contact information for the employer, case management contacts and verifies employment, also using past tax records when available. To be eligible for the Alternatives to Abortion program the client must meet the definition of poverty established by the federal government and be at or below 185 percent of the federal poverty level or below as determined by the exemption status on the previous or current year Federal income tax filing annually.

The client must be a Missouri resident as defined as a person who has fixed their home/dwelling in Missouri, not for any special or temporary purpose, but with a present intention of remaining in Missouri permanently or for an indefinite period of time, or defined as "Missouri domicile", in order to be eligible to enter into the Alternatives to Abortion program at our facility. This is verified by previous address verification through a landlord, parent, or education records when such information is available. If the client is living friend to friend or on the streets this is verified through the client and any family or friends available to be contacted.

The potential client must not be receiving Alternative to Abortion program services from another provider in order to be eligible to participate in the Alternative to Abortion program at Mother's Refuge. This is determined by the professional case manager during the initial eligibility interview.

For Mother's Refuge Residential Program eligibility the potential client must not have a safe place to live. This means they are either homeless, living on the streets, living friend to friend, living in a currently abusive or neglectful environment, have been asked to leave their current living situation, or cannot afford to provide a safe and stable home for themselves and their unborn child. All of these factors makes the client high risk for choosing an abortion.

**5. Describe the development and updating of the Individualized Pregnancy Continuation Plan including the involvement of the client in the process.**

After determining the eligibility for the Alternative to Abortion program, the case managers complete the Individual Risk and Needs Assessment within the next five working days and enter the data collected into the data system with the reasons for such determination. The professional case manager, Ms. Johnson, and the client develop an Individualized Pregnancy Completion Plan (IPCP) based upon the results of the Individual Risk and Needs Assessment form and the Initial Client Assessment Plan, within ten calendar days of admittance into the Alternative to Abortion program. This plan encompasses the duration of the pregnancy and continues for one year post-partum. Her strengths, weaknesses, coping skills, current situation and short and long-term goals are identified. The client and case manager establish measurable goals together. This includes an initial plan to address urgent issues along with specific measurable objectives.

They discuss current education obtained and future education goals while identifying available education services and support systems available. It is a requirement of Mother's Refuge Residential Program for the client to continue their formal education through the public school system, a General Education Development program, Community College, Trade School or a Job Training program.

Identification of and referrals for additional client services that are needed by the client are identified and a plan to contact and begin working towards obtaining goals through other community resources are formulated. The case manager works directly with the client to perform goal-oriented activities which organize, coordinate, refer, and monitor the delivery of the identified additional client services based on the measurable objectives that have been identified in order to support the continuation of the client's pregnancy.

The case manager records information regarding the referral to the MO HealthNet Prenatal Case Management program, Building Blocks of Missouri program, the Missouri Community-Based Home Visiting program and the Healthy Start program with the dates of referral, follow-up documentation of referral and whether the client was approved or denied for the programs.

The case manager oversees and manages all other IPCP individual goals and requirements to provide maximum effectiveness for each dollar expended and to ensure all requirements of the plan are performed and accomplished.

The IPCP is reviewed and updated formally once a month (within thirty calendar days), by the case manager and client, until program completion or when the specific objective has been met. The case manager updates the IPCP as needed during discussions with the client to ensure the objectives and services continue to address the needs of the client. She also continually assesses the client for domestic violence, and if determining further resources or protective measures are needed, she coordinates available resources for the client and follows up with progress of such objectives.

The case manager assesses the client's ability to provide a safe sleep environment for the client's infant following the birth. While in Mother's Refuge Residential Program, the sleep environment is monitored by direct care staff and recorded in individual daily logs that are monitored and discussed with case management and directors for any concerns. Upon discharge of the residential program, the case manager will assess safe sleep environment for the infant and provide a pack-n-play when needed.

The case manager completes an Evaluation Progress Report, which is signed and dated by the client and kept in her Resident Binder. The case manager records specific information on goals and achievements, additional short-term goals, and other information since the last update or evaluation. She documents strategies for the client's education regarding available services and support systems, referrals for services and the outcomes of the referrals. This is a client-centered process and is documented into the data system. Six to eight weeks after the baby's birth, the new mom is evaluated for

post-partum depression by the professional case manager using the Edinburgh post-partum depression screening scale and necessary steps for additional help are taken if needed. This is noted in the IPCP and updated as needed. The Post-Partum Assessment is recorded in the data system within ten calendar days after completion. The case managers also document all client training in the state agency's data system along with responsible paternity education under the client's name in a timely manner as indicated in the IPCP.

All referrals for additional services with specific referral information and the result of referral is documented in the data system by the case manager. Within seven calendar days of the client's discharge or disenrollment for the Alternative to Abortion program the case manager will update that state's data system with the reason for discharge/disenrollment, the date and will close the record. The case manager will determine that the client is no longer eligible to receive Alternative to Abortion program services if the services have been received for 12 months post-partum or the client has not accessed services for at least sixty calendar days.

**6. Provide a detailed description of the case management process. Identify the hours of service including emergency coverage outside of business hours and weekends.**

Our case management starts when a call is received seeking services. The person receiving the call transfers it to our case manager. A Crisis Call form is completed while interviewing the caller and all possible information is collected. She records whether the girl is invited for an interview or where she was referred with follow-up information. If the girl is eligible for intake, an intake procedure is followed over the phone explaining our program, expectations and an invitation for a pre-placement interview. She is asked to bring a list of documents including picture identification, legal guardian, proof of pregnancy, income verification, etc.

During the pre-placement interview the pregnant young woman tours our home, is interviewed by the case manager and program manager and given a copy of our program description and requirements. The case manager conducts an assessment to document risk factors and identify services needed to minimize the risk of abortion and to complete the pregnancy. The Individual Risk and Needs Assessment information is collected along with income verification and all other requirements to determine eligibility for the Alternatives to Abortion program. If the girl is accepted, she must sign a release for MAAC Link, and complete all other required entry documentation along with an agreement to participate in our residential program. Identification is copied and a date is set for official entry into Mother's Refuge. A brief outline of the interview is documented by our case manager and she maintains all client specific documentation in a confidential individual Resident Binder.

The case manager determines if the client has applied for MO HealthNet or WIC. If she has not, then the case manager assists the client in submitting an application for each program. If the client is admitted into our residential program she is not eligible to receive Food Stamps because we provide all nutritional food and meals. The case manager will assist the client in suspending this assistance if the client is currently

enrolled in that program. The case manager also refers the client to the MO HealthNet Prenatal Case Management program, Building Blocks of Missouri program, the Missouri Community-Based Home Visiting program, and the Healthy Start program.

After completion of the Individual Risk and Needs Assessment form, the case manager completes the Initial Client Assessment and enters this information into the data system. This details the circumstances leading to the referral, risk factors, family and other support systems, current behaviors, current level of functioning, educational history, family disabilities, previous home/living situation, amount of family involvement, and other community resources needed.

The case manager and client then begin developing an Individualized Pregnancy Completion Plan (IPCP) based upon the results of the Individual Risk and Needs Assessment form and Initial Client Assessment with the client's input. This plan encompasses the duration of the pregnancy and continues for one year post-partum. Her strengths, weaknesses, coping skills, current situation and short- and long-term goals are identified. The client and case manager establish measurable goals together. This includes an initial plan to address urgent issues. The IPCP is reviewed and updated formally once a month, by the case manager and client, until program completion or when the specific objective has been met. The case manager completes an Evaluation Progress Report, which is signed and dated by the client and kept in her Resident Binder. The case manager records specific information on goals and achievements, additional short-term goals, and other information since the last update or evaluation. She documents strategies for the client's education regarding available services and support systems, referrals for services and the outcomes of the referrals. This is a client-centered process and is documented into the data system. After the baby's birth, the new mom is evaluated for post-partum depression and necessary steps for additional help are taken if needed.

When a client moves from our facility, she completes an evaluation form and is placed in our Aftercare Program for an additional year. In Aftercare, the client receives continued case management, home visits, emotional support, and other needed supplies such as a Pack N' Play. The case manager contacts former residents to ensure their baby is receiving proper vaccinations, well-baby check-ups, and ensures goals are being pursued.

Our case manager is responsible for maintaining all client specific documentation in a confidential Individual Resident Binder, describing each case management function provided as it relates to the IPCP, recording the actual time involved in each function, entering this information in the data system and submitting the required reports to the Executive Director, Program Director and Missouri Department of Health and Senior Services.

Normal case management hours are Monday through Friday 9am to 5pm. However, to provide effective services, our case manager often will stay later in the evenings or work on weekends to provide quality care for our residents. She is also available by phone at all other times for emergencies. We provide 24-hour awake staff seven days a week all

year long to answer phones and provide direct care for clients, staff members have access to the case managers' cell phone number as well as the directors' numbers for emergencies. The cell phone numbers are also posted in our home for easy contact. All case management services are provided by the methods of face-to-face appointments where the client and case manager discuss, review or update the IPCP; home visits where the case manager and client visit outside of Mother's Refuge to review, discuss or update the client IPCP; or non-face-to-face appointments through telephone conversations, email communication, written communications, and other forms of non-face-to-face communication between the client and case manager, or on behalf of the client which information has occurred regarding the IPCP, including referrals.

Our case manager is responsible for coordinating and providing direct contract services. She conducts initial client assessments, conducts case management, helps develop the individual pregnancy continuation care plan, helps set up education services for clients, fosters client-centered decision making processes in regard to pregnancy and postpartum plans, is responsible for outside referrals, supervises the administration of medications, enters all required client information into the data system and makes home visits to former residents.

Our case manager coordinates with the education coordinator in identifying educational possibilities and needs. The education coordinator works with staff and outside resources to enroll the client in necessary classes and services. The case manager ensures the client receives prenatal parent education and parenting skills training for the needs of the client as determined through the assessments and reviews. Mother's Refuge provides learning opportunities through interactions of the father of the client's infant and the client(s) children, and/or those facilitating the paternity acknowledgement. We use Earn as You Learn Curriculum that is evidence-based information. All education, training, and classes are documented individually with the date of service, location, topic and time spent training with the name and signature of the client. The mandatory training topics for all clients include Safe sleep for infants following the American Academy of Pediatrics Guidelines; Breastfeeding; Importance of taking folic acid in the prevention of neural tube defects; Use of substances during pregnancy including alcohol, tobacco, and other drugs; Importance of prenatal care; Immunizations; Shaken Baby Syndrome; and the importance of preconception care and advantages of birth spacing as it relates to the health of the mother and infant.

The case manager works closely with the program manager to monitor the clients' direct care services provided by our staff. The case manager sets appointments with clients to ensure goals are on target and being met. The client turns in all medical, educational and important documentation to the case manager.

Mrs. Johnson, our case manager, is responsible for keeping all documentation in an orderly manner in Individual Resident Binders. These are reviewed for accuracy and completion periodically by the program manager, program director, and state agencies. Reports are submitted to the program manager and directors on each client's goals, status, needs and recommendations. A weekly meeting is conducted with key personnel to

ensure all services are being provided adequately and in a timely manner. The directors supervise all data reporting and monthly billing.

7. **Provide a preliminary outline and description of the proposed content of the required trainings. Additionally, provide copies of any training materials (e.g. manuals, resource books, handouts, reinforcement materials) proposed for use in conducting the training sessions.**

All program participants are required to attend our Launch to Independence program which utilizes the Learn as You Learn evidence based curriculum on prenatal parent education and parenting skills training. All young ladies begin this program within the first two days of being admitted into our residential program. The education coordinator works directly with clients and the case manager to ensure all needed training is obtained and skills are acquired.

Training topics include:

- Safe Sleep for infants following the 2011 American Academy of Pediatrics Recommendations;
- Breastfeeding;
- Importance of taking folic acid in the prevention of neural tube defects;
- Use of Substances during pregnancy including alcohol, tobacco, and other drugs;
- Importance of prenatal care;
- Immunizations;
- Shaken baby syndrome;
- Car seat safety;
- Nutrition and healthy eating;
- Importance of preconception care; and
- Advantages of birth spacing as it relates to the health of the mother and infant.

Mother's Refuge direct care staff monitors the skills learned and offers hands-on assistance. The Learn as You Learn curriculum and Launch to Independence program utilizes cognitive skills, motor skills, valuing and comforting of the infant/child training. Each class is documented with each client's attendance including the date of service, location, topic, time spent in the training/class and a copy is kept in the client's individual file. Other topics that are taught through individual completion of assignments and tasks are reviewed by the Education Coordinator and missed items are discussed and corrected. This information is kept for future reference by the client after noted in individual client files of completion.

If fathers of the infant participate in responsible paternity education through group classes and activities this is noted in the mother's individual client file with the same information that is documented for the mother.

All staff members are trained as required by the State of Missouri licensing requirement regarding pregnancy, pre-natal care, post-natal care, client and infant issues, infant care, medication distribution, and other pertinent topics for the clientele we serve. All training is documented in individual employee files.

8. **Describe each of the Additional Client Services specified in the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.**

The case manager will ensure the following additional client services are provided as needed in response to the Individualized Pregnancy Completion Plan developed in conjunction with each client.

Mother's Refuge case manager will ensure the provision of pregnancy-related health care for the client during pregnancy by a licensed health care provider. This includes the costs for prenatal visits, routine laboratory testing during the prenatal period and all care for pregnancy-related conditions. It will also cover the above for prenatal/delivery including the initial hospital visit, delivery and post-partum care. The case manager will work closely with the Women's Clinic at Centerpoint Hospital and have established a positive working relationship so that all women entering into our residential program may access health care by a licensed physician within 72 hours of admittance and as required thereafter. When compiling the IPCP, medical insurance needs are addressed. If no health coverage exists or the client will qualify for MO HealthNet Insurance, the case manager sets this as a goal and assists the client in obtaining this service.

As indicated in the client's IPCP, Mother's Refuge will ensure the provision of medical care by a licensed medical provider for the client related to the maintenance of health, and prevention or treatment of illness, injury, or pregnancy complications, as such services related to the prevention of abortion. With the licensed medical provider meeting the professional and legal requirements to provide the required health care service in the State of Missouri. This will also include mental health care counseling and treatment to assist the client with management of mental illness or condition through a licensed/certified professional in the State of Missouri. We work closely with Preferred Mental Health Care and have a professional licensed counselor with Cornerstones Professional Counseling Center come to our home twice a week to meet with all our clients and offer professional counseling services. We also utilize other specialized counseling services in our area as needed by clients.

With the cooperation of the client in the monthly IPCP update, additional services are reviewed and discussed to determine other services that may be needed or required by the client. The case manager ensures the client receives accurate information related to placing an infant for adoption by another individual/family which may include legal assistance with adoption. Mother's Refuge works closely with the Love Basket Adoption agency along with other area agencies such as Catholic Charities to give clients an option to available adoption resources if it is determined this is the path she would like to choose upon delivery or thereafter. Through the formal monthly IPCP meeting and weekly informal meeting, the case manager follows up to make sure all questions are answered thoroughly, precisely and in a timely manner, as well as ensuring all support services are accessed as needed.

Clients are assisted in obtaining child care for the clients' child or children when the parent or guardian is absent due to participation in any Alternative to Abortion Program

service which may include a relative not living with the client and her child or children, but not a live-in nanny service. Clients are also assisted in locating licensed daycare for children while the mother is working on her education and career goals, as well as while she is working. This goal is determined by the case manager and client during their IPCP monthly meetings.

Mother's Refuge provides clothing as needed by the client and the client's child including clothing related to pregnancy, newborn care, and parenting needs. This is part of the residential program benefits for all clients, and clothes are stored in the facility or purchased as needed at local retail stores.

The clients of Mother's Refuge Alternative to Abortion program are provided with domestic abuse protection including any service, transportation, and assistance with obtaining an order of protection, to assure the physical and emotional safety of the client and her child(ren). Many agencies such as Child Abuse Prevention Association (CAPA), Rosebrooks Domestic Violence Shelter, Hope House, Amethyst Place teach domestic violence classes, provide support groups for our clients and domestic violence counseling services to the clients of Mother's Refuge.

We work closely with the drug and alcohol addiction specialist at Preferred Family Care for individualized and professional services for clients that have been identified by our case manager during the IPCP as affected by, are high-risk, or have a history of drug and alcohol use. Testing and treatment along with monthly confidential, individual reports are shared with our agency in order to facilitate any additional needs or services a client may require. The treatment is defined as an individualized, group, or family program, that is facilitated by a trained, certified professional and facility, to treat individuals or families affected by alcohol, tobacco, or other drugs. All clients attend classes regarding the dangers of drug, tobacco and alcohol addiction provided by the Keeler Women's Center, Amethyst Place and other community organizations that specialize in this area of concern.

It is a requirement of Mother's Refuge Residential program to actively pursue formal education through public school, a General Education Diploma program, or other accredited education opportunities. This is immediately addressed in the IPCP by the case manager and the process of enrollment begins within the first week of admittance into our facility. If a high school diploma or GED has been successfully attained, clients must continue their education through business, vocational, or technical training, attend college, or have obtained employment in pursuit of identifiable educational goals. The case manager assists clients in meeting education requirements and monitoring their success. When additional help such as tutoring is needed the case manager arranges for this assistance to ensure a client's success. We work closely with the Independence School District which has a wonderful Parenting Points program our residents have embraced and look forward to participating in with their infants. Through this program they are able to continue their high school education while their infants are at daycare on location at Truman High School. This is an added benefit to high school students in our residential program.

Mother's Refuge provides food for all clients in our Residential program and through the IPCP we ensure that those who graduate into independent living but remain in our Alternative to Abortion program receive the food relating to pregnancy, newborn care and parenting needed through their participation in the WIC and food stamp programs. Clients are enrolled in WIC while living in our facility but are not able to redeem food stamps per regulations by the State of Missouri since food is a service we provide. However, the case manager assists clients in our Aftercare Transitional Living program in accessing this available resource. When we receive an abundance of food donations we also share them with previous clients.

Mother's Refuge provides safe housing for girls who are pregnant and parenting. They can enter our program anytime during their pregnancy and stay up to one year post-partum. During that time they work on the IPCP goals as established by the client and the case manager, all the while planning for more permanent living upon completing our residential program. We use area resources to find stable and sustainable housing for the client and her child(ren). Some identifiable resources we access are the Housing and Prevention Rehabilitation Program, Stepping Stones Independent Living Program, and Hawthorne Place Apartments for income-based living. Mother's Refuge provides housing for girls 21-years of age and under. We are have a Residential Care license by the State of Missouri and are in good standing with all the appropriate permits such as a local business license, state and city fire inspections, food handling permit and building inspection. All inspections are available upon request. Mother's Refuge case manager assists clients in accessing community resources that help if they are in need of rent, house payments, a security deposit, and utilities of any kind as identified in the IPCP.

As mentioned earlier, Mother's Refuge requires clients to attend job training and a placement program that facilitates and/or enhances the employability of the client. If the infant's father is involved, the case manager will help him access these resources as well. The case manager will contact the proper community or government agency(ies) to acquire these programs as the need is indicated in the client IPCP.

As identified by the IPCP Mother's Refuge agrees to ensure the provision of newborn or infant care by a licensed medical provider as related to the maintenance of health or prevention of illness, and treatment of injury or illness for the infant in the 12 months after delivery. We will also ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting. We provide infants and babies in our home with a safe sleep environment. If it is determined that participants in our Alternative to Abortion program that do not live in our facility are unable to provide a safe sleep environment for their infant, we will provide a Pack N' Play that meets the 2011 American Academy of Pediatric Guidelines.

The case manager will coordinate and Mother's Refuge will provide transportation if determined as a need in a client's IPCP for the client and the client's child(ren) in order to access services identified in the IPCP. We will also ensure the client is provided with ultrasound services as defined as high frequency sound waves used in monitoring and

imaging as medically necessary and ordered by a licensed healthcare provider which will be delivered by a certified ultrasound technician if identified in the client's IPCP as a need. Mother's Refuge maintains a cooperative working relationship with the Women's Clinic of Centerpoint Hospital for medical needs. We also have good relationship with other licensed and certified professionals in the area.

Our case manager will ensure the client is provided with other additional client services as it relates to assisting the client in carrying their unborn child to term and to assist the client in caring for their dependent children or placing the client's child for adoption. The case manager will assist the client in all other client services identified in the IPCP that are based upon the identified measurable objectives to support the client in the continuation of the client's pregnancy.

The cultural competency of our providers and referrals is visible when meeting their staff and programs. We take great care in fostering a personal relationship to ensure the integrity and competency of outside resources. Most are located within the inner city and reflect the diversity of our home. The residents will only go to services where they feel comfortable and safe. These agencies have been a vital resource that offers our clients professional service.

Our referral network and referral plan consist of knowledge of resources within the state of Missouri that assist a client in carrying her unborn child to term instead of having an abortion and assist her in caring for her dependent children. We use several sources to guide others to possible shelters and agencies equipped to help homeless pregnant and parenting women. One of our best resources is other area shelters and pregnancy resource centers. We use the Community Resource Guide, the Maternal & Child Health Coalition of Greater Kansas City, Inc., the United Way Child Care Referral Agency, the Rachel House, and the Women's Clinic to name a few. We are a member of and work closely with the Missouri Alliance for Life. We are also a member of the Missouri Child Care Association, Missouri Non-Profit Association, and the Independence Chamber of Commerce.

**9. Describe how the information obtained in the client satisfaction is utilized to improve upon services provided.**

The Client Satisfaction Survey results will be evaluated by our management team which consists of our Executive Director, Program Director, Program Manager, Case Manager, and Education Coordinator. We use all information from funders, client surveys, previous and current clients to make necessary changes to strengthen and increase the services provided by our agency. Our ultimate goal is to provide an alternative to abortion in a safe and loving environment while preparing young women for a life of independence and self-sufficiency. This is only possible through making changes as necessary to improve upon the quality of care in response to the population we serve. We welcome input by all parties involved and embrace positive change as a necessary means to grow and perform the best job we can for the homeless, pregnant and parenting young women and babies we serve.

10. **Describe the plan for developing and implementing an evaluation and continuous quality improvement plan. Include evidence of evaluation and continuous quality improvement process activities that evaluate (1) infrastructure, (2) method of delivery of services, (3) outcomes, and (4) compliance with standards and licensure.**

Our infrastructure is under constant supervision from our Program Director, Executive Director and our Board of Directors. The board meets annually to discuss all aspects of our programs and any suggested changes from our directors or other staff members. The board leads in the organization's strategic planning. The board is responsible for all fiscal matters, approving all expenditures, and a board member signs all checks. Our directors meet weekly at a formal meeting with the program manager, case manager, and education coordinator. They are also available 24-7 for any problems via cell phone.

The staff report daily any maintenance or safety issues or program and client concerns through their daily communication log that is read by everyone and reported to the directors. They also communicate by phone, email and written communication. A monthly report is submitted to the program director regarding all maintenance needs along with fire, safety and emergency drills. At that time all actions are reviewed and monitored. Major projects are approved by the executive director and board members.

We conduct monthly required meetings for all staff members to provide trainings on policies and procedures, evaluate the effectiveness of the program, and address other issues or concerns they may have. Our staff provides quality services to our clients. Many of our staff has been with us for several years. Our turnover rate is relatively low, compared to national statistics for residential care facilities. Our staff is currently 35% minority.

All house parents write a daily log concerning each client. The entire staff, at the beginning of their shift, reads this report. This helps ensure a fair and balanced response to the girls' needs.

Our organization has many written procedures. This allows us to keep uniform policies for staff and residents. We have a staff employment handbook and additional policies such as Client Confidentiality, Medication Guidelines, Child Abuse and Neglect and Discipline Policies. All documents are signed, dated and kept in personnel records. All personnel are reviewed annually. All written procedures reviewed annually and are updated or modified as needed to best serve clients and ensure a cohesive, positive work and living environment.

We also meet with residents formally each week and informally throughout the week to receive input on delivery of services and the effectiveness of program methods. We listen to and evaluate all opinions and try to incorporate those we feel are most beneficial to the goals and objectives of our mission and program.

Our outcomes are recorded through statistics created by data recorded on a daily basis such as individual goals set, in progress, achieved; healthy pregnancies; healthy babies delivered; continued education goals set, in progress and achieved; healthy lifestyle

habits formed through nutrition, exercise and breaking addicting negative habits; classes attended and life-skills learned and exhibited; career and personal financial literacy goals set, in progress and attained; and successful completion of our Launch to Independence program that include the Earn as You Learn curriculum; as well as success in completing our Residential program and graduating to an independent stable living environment. There are many more statistics we record to ensure outcomes of our program and that clients meet the success we feel is necessary to continue a healthy pregnancy and either places an infant for adoption or successfully parent and become contributing members in our community. This is evaluated on a weekly, monthly and annual basis by management staff, directors and the Board of Directors. Programs and goals are adjusted accordingly, including financial goals and outreach activities.

We have a positive working relationship with the State of Missouri licensure personnel. When questions arise we are able to ask and receive answers immediately. Our licensure requirements are physically approved on-site twice a year to ensure compliance with state regulations and procedures.

11. **Identify the method of evaluation including indicators that can be measured for continuous quality improvement and capture the data necessary to evaluate the program impact. The plan should address plans and method to improve the program components and continuous quality improvement process activities.**

The data as discussed in the evaluation and continuous quality improvement plan is the record of individual and organizational statistics of health, wellness, births, knowledge obtained, classes attended, activities created for the improvement of life situations. Reports are created to identify the target population is being reached, that their individual needs are being met and goals are achieved. This documentation is found in each client's individual personal and confidential folder as well as a general consensus to use as a tool for program evaluation in determining the effectiveness and impact of current organizational activities and programs.

When an indicator of ineffective programming is realized the management team meets to brainstorm ideas on how to better and more effectively achieve the desired goals and outcomes. We are constantly re-evaluating program and client services for efficiency and effectiveness.

One thing we found in our evaluation is that with the current teen population, if you do not allow them access to their cell phones they will remain homeless instead of seeking the help they desperately need in order to carry their unborn child to term in a safe environment. So now all clients are allowed to have access to their cell phones except when in class, at dinnertime and during sleeping hours. We have witnessed an increase in the number of clients that choose to live in our home and access the services we provide. Young moms have commented that they did not choose to live at another maternity home for that reason and would have continued to live friend to friend instead of giving up their phones and losing contact with their family and friends. This is a generation of technology and we are striving to meet them where they are while providing an opportunity to carry their unborn child(ren) to term and learn the skills

necessary to parent or place their infants with an adoptive family in a supportive environment.

12. **Organizational Chart** - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

- The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.

Please see the attached organizational chart.

13. **Along with a detailed organizational chart, the vendor should describe the following:**

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.
- **Total Personnel Resources** - The vendor should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.

The Executive Director and Program Director provide supervision for the management and coordination of all contract services. Reports and data are monitored and evaluated on weekly, monthly and an annual basis to ensure program requirements are met, goals achieved and successful client outcomes are realized.

Mother's Refuge employs four qualified personnel that can act as professional case managers that knows the Alternative to Abortion program requirements and can carry out procedures as needed. Our case manager has been performing these job duties since 2009. She is well qualified and has exhibited her ability on previous Alternative to Abortion awards to carry out the responsibilities and requirements of this contract while fulfilling other duties as required. She is responsible for coordinating and providing direct contract services. Our case manager coordinates with the education coordinator in identifying educational possibilities and needs. The education coordinator works with staff and outside resources to enroll the client in necessary classes and services. The case manager works closely with the program manager to monitor the clients direct care services provided by our staff.

14. **Economic Impact to Missouri** - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.
- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

- **Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.**

According to the National Campaign to Prevent Teen and Unplanned Pregnancy, the cost of unplanned teen pregnancy cost Missouri taxpayers at least \$215 million. Most of these costs to the public sector are associated with negative consequences for the children of teen mothers during childhood and their young adult years. They reported for Missouri taxpayers, the cost of these children born to teen moms included: \$48 billion for public healthcare; \$45 million for child welfare; and, for children reaching adolescence or young adulthood, taxpayers paid an increased rate of \$37 million for incarceration with \$66 million in lost tax revenue from decreased earning and spending.

Results provided by the National Center for Health Statistics reported teen girls have the second highest proportion of low birth weight babies compared to other age groups, second to mothers aged 45 or older. Low birth weight is linked closely to childhood morbidity, increased risk of numerous infant health problems such as lung and kidney problems, and difficulty maintaining their own body temperatures. Young moms are more likely to have premature babies which can cause a number of health complications and require special medical care. Premature birth is the leading cause of infant mortality.

Teen mothers are less likely to complete their high school education or obtain a college degree. Thus statistics report on average teen moms earn \$28,000 less than a young lady that delays pregnancy until her 20's. The proportion of all pregnancies that are unplanned is highest among teenagers who are less likely to receive vital pre-natal care, their babies are less likely to receive on-time vaccinations, and they are more likely to abuse their children.

Mother's Refuge provides a safe and secure home for young women that are facing unplanned pregnancies. The average age of our client is 17 years. We provide comprehensive services so they can carry their pregnancy to term under the care of a licensed physician while completing their high school education and following higher education goals for more earning power in the future. We provide all the necessary items for the pregnant and parenting young lady as well as for the infant for up to one year post-partum in our Residential program. The new mom is also taught proper parenting techniques, life-skills, and financial literacy. She receives counseling services while taught how to become independent, well-adjusted parent that contributes to our community.

These services provided by our agency have the potential to save Missouri tax payers \$148 million just in costs associated with the child. This does not include the increased ability of the mom to provide for her child without the aid of public welfare assistance as a result of being able to focus on education and career goals during pregnancy and post-partum. By spending \$100 per day for shelter and basic necessities for a pregnant young woman and one year post-partum, the cost can equal up to \$64,000 per mom and infant. This is a relatively small amount to pay upfront in order to save billions later down the road in our humble opinion. It seems well worth the positive result of a family that

breaks the cycle of poverty, teenage pregnancy and abuse through all the classes, counseling and support received during those crucial 21 months.

**EXHIBIT G****IMPLEMENTATION PLAN**

Implementation or Readiness Plan - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

Task or Event	Completion Day	Assigned Personnel	Work-hours
Effective Date of Contract - Operational	1	N/A	N/A
Designate a Representative to serve as the state agency contact.	5 days from contract award.	Robert Zornes	N/A
Provide state agency with a list of all service locations, including any home-offices, all background security checks for personnel, and copies of curriculum and/or training materials for Prenatal Education and Parenting Skills.	5 days from contract award.	Robert Zornes Angel McDonald Cassie Lara	3.0
Complete specific security forms provided by the state agency for access to the state agency data system and state vendor Input/ACH-EFT Application.	3 days after received from the state.	Robert Zornes Angel McDonald	0.5
Develop and implement an Evaluation and Continuous Quality Improvement Plan.	Within 30 days of Notice of Award	Robert Zornes Angel McDonald Kimberlee Peppers	1.0
The professional case manager will contact and set an appointment with a potential client to determine eligibility for Alternative to Abortion program.	1 Day	Julie Johnson	0.25
Eligibility will be determined during the initial appointment and program explained to potential client.	1 day from initial eligibility appointment	Julie Johnson Kimberlee Peppers	2.0
Individual Risk Needs Assessment is conducted.	Within 5 days of eligibility	Julie Johnson Kimberlee Peppers	1.0
Permission of eligible client to participate in the Alternative to Abortion program	Within 5 days of eligibility	Julie Johnson Kimberlee Peppers	0.25

Initial Plan and Referrals	Within 2 days after admission	Julie Johnson	1.0
Enter new client data into the state system.	5 days of Initial Client Assessment	Julie Johnson	1.0
Initial Client Assessment	7 days of admission to program	Robert Zornes Julie Johnson Kimberlee Peppers	1.0
Assessment for Domestic Violence	7 days of admission to program	Robert Zornes Julie Johnson Kimberlee Peppers	0.50
Record Initial Plan, Domestic Violence Assessment in data system	7 days of admission to program	Julie Johnson	0.50
Refer to MO HealthNet Prenatal Case Management, Building Blocks, MO Community-Based Home Visiting & Healthy Start programs & record.	7 days of admission to program	Julie Johnson	0.50
Assist client in applying for MO HealthNet and WIC programs, temporarily pause Food Stamp program	7 days of admission to program	Julie Johnson	3.0
Develop client-oriented Individualized Pregnancy Completion Plan with client	10 days of eligibility & admission	Julie Johnson	2.0
Enter client Bed Nights, IPCP and Referrals into data system	Within 7 days of IPCP	Julie Johnson	1.75
Document client training, responsible paternity education, and details of referrals in data system	Within 30 days	Julie Johnson Cassie Lara	1.0
Submit Invoice for client services provided and documentation for actual time for professional case management services and all others as required.	By the 15 <sup>th</sup> of the month following the service month	Robert Zornes Angel McDonald	3.0
Update IPCP and assess for domestic violence and identify any additional services needed by client with referrals	Do within every 30 days from last IPCP	Julie Johnson Kimberlee Peppers	1.25
Update IPCP client information and domestic violence assessment in the data system with referrals, trainings, additional services identified and outcomes	Do Within every 30 days from last IPCP	Julie Johnson Kimberlee Peppers	1.0
As clients pregnancy progresses assess clients ability to provide a safe sleep environment for clients infant following birth	Within 15 days prior to delivery	Julie Johnson Kimberlee Peppers	0.25

Post-Partum Assessment	Within 6 to 8 weeks post-partum	Julie Johnson	1.0
Data entry into agency system for IPCP and other assessments or referrals and updates	Within 6 to 8 weeks post-partum	Julie Johnson	0.5
Client Satisfaction Survey	Every June and December	Julie Johnson Kimberlee Peppers	0.25
Discharge/Disenrollment	12 months post-partum or if client has not accessed services for 60 calendar days	Julie Johnson	0.5
Data entry update of discharge/disenrollment	Within 7 days of clients discharge or disenrollment	Julie Johnson	0.25

**EXHIBIT H****CLIENT SCENARIO**

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client situation described below. The vendor should provide a not-to-exceed total price with a price analysis for the client services identified in the narrative.

\* \* \* \* \*

Jane Doe has recently learned that she is 12 weeks pregnant.

Jane is 24 years old and a high school graduate with no post-secondary education. Jane has three other children, ages 6, 4, and 18 months. The father of the new baby does not work, and Jane is unsure if he will stay involved once the baby arrives.

Jane works part time at a fast food restaurant making \$8 an hour, but she would someday like to become a nurse. Jane lives in a two bedroom apartment with her three children, but she struggles to pay rent each month. Jane has an old minivan which she uses to get to work, but it frequently breaks down. Jane has never applied for any public assistance programs.

Jane lives in a rural area, about 25 miles from the contractor's service location and has contacted your organization to access the Alternatives to Abortion Program Services and intends to continue with services until 12 months post-partum.

**Narrative:**

(Mother's Refuge provides a home for pregnant and parenting young women 12-21 years of age and their infants, but we would call to get a variance from the State of Missouri if eligible. The below Narrative is based on a client that fits the requirements of our state license.)

- Mother's Refuge received a crisis call from Jane Doe. We collected all the pertinent information on our crisis call form.
- A case manager received the crisis call form and noted that Jane is eligible, according to our program guidelines, for an intake interview. The case manager also noted that because she is only 12 weeks pregnant, Jane would also be eligible for the Alternatives to Abortion Program services.
- The case manager called Jane to set up a time for an interview at Mother's Refuge.
- Jane arrived at Mother's Refuge at the designated interview time. The case manager welcomed her and asked her to tell any part of her story which she is comfortable sharing at that point. The case manager gave Jane a copy of the Mother's Refuge House Expectations as well as a copy of the Mother's Refuge Launch to Independence Education program to read, and then asked a series of questions that are part of the intake process. During this process, the case manager assessed Jane's answers and demeanor/behavior and determined whether the Mother's Refuge program would be of benefit to her. This is also a time for Jane to determine whether Mother's Refuge is a place she would like to live. After the interview, the case manager gave Jane a complete tour of the facility and told her we would call her the following day to let her know whether she had been accepted into our program.

- The case manager met with the program manager and went over the interview details and determined that Jane would be a good fit for Mother's Refuge residential program.
- The case manager called Jane to tell her she had been accepted into the Mother's Refuge program. She set a time for Jane to move into Mother's Refuge. The case manager told Jane we need a proof of pregnancy for our state requirements. Jane went to a crisis pregnancy resource center to obtain the proof of pregnancy.
- That afternoon, Jane moved in to Mother's Refuge. We gave her information about the bus schedule to see if it was feasible to take the bus as transportation to the fast food restaurant if her van breaks down.
- The case manager and Jane completed an application for pregnant women's MOHealthNet. The case manager took her completed application along with her proof of pregnancy and Mother's Refuge letter of residency to the Family Support Division office.
- The case manager called Independence Women's Clinic at Centerpoint Hospital, with whom we have a standing relationship, to set up an OB appointment.
- The case manager talked with Jane about her schooling options since she is interested in nursing. Jane set a goal to apply at the local community college, fill out her FASFA and have her high school transcripts sent to the college.
- The case manager helped Jane complete the application forms for the Supplemental Nutrition Program Women, Infants, and Children (WIC) and child care assistance. (Jane is not eligible to participate in the SNAP program while living at Mother's Refuge since we provide nutritional meals.)
- The case manager helped Jane set up appointments with local daycare providers to enroll in daycare.
- Jane is able to take the metro bus to work, daycare and community college if needed.
- Jane is explained that she has to save 75% of her earnings unless she is paying off outstanding debt, transportation or school costs, so that she can save for her own place while we provide for all her needs when she is living at Mother's Refuge. Jane is excited about this opportunity.
- Jane immediately began attending pregnancy, parenting and life-skills classes along with receiving hands-on mentoring and training. Jane continued this training while living at Mother's Refuge each day while assessing progress on skills and scheduling more in-depth hands-on training for skills Jane struggles with.
- The case manager assisted Jane with applying for the MO HealthNet Prenatal Case Management program, Building Blocks of Missouri program, the Missouri Community-Based Home Visiting program, and the Healthy Start program.
- Our case manager set up individual counseling for Jane and invited the father of the baby to attend some sessions along with some parenting classes and activities. He declined at this time but they are working on a parenting plan.
- Within two days of moving into Mother's Refuge, our Program Manager, along with the case manager, met with her to get her information for Alternatives to Abortion and do assessments – Individual Risk and Needs Assessment along with the Initial Client Assessment and developed a client-oriented Individualized Pregnancy Continuation Plan.
- Following this, the case manager regularly entered bed nights for and case notes about Jane on the Alternatives to Abortion website and our education coordinator entered in classes attended and other pertinent information.

- The case manager meets with Jane formally each month to review and discuss Jane's Individualized Pregnancy Continuation Plan. They discuss her progress on goals, modify goals as necessary and set new ones. She also monitors all doctor appointments along with any other necessary appointments to ensure Jane is able to move forward towards independent living with her children.
- The case manager continually assesses Jane for domestic violence.
- Monthly our program director and executive director reviews all client input into the Alternatives to Abortion website and processes monthly invoices.
- As Jane's pregnancy progresses the case manager uses the 2011 American Academy of Pediatrics Recommendations to assess Jane's ability to provide a safe sleep environment for her baby following the birth.
- Six weeks post-partum, the case manager conducted an assessment for post-partum depression using the Edinburgh Postnatal Depression Screening Scale and found that Jane did not show any signs of post-partum depression.
- Jane remained in Mother's Refuge Residential program for one year and was able to rent her own apartment with the money she saved while working and living at Mother's Refuge. Jane received clothing, nutritional food, supplies, domestic abuse protection, transportation, access to medical care, pre-natal and parenting life-skills training along with many other residential services provided while participating in Mother's Refuge Residential program.
- Jane completed the Client Satisfaction Survey following the instructions of the case manager in June and December while living at Mother's Refuge.
- Prior to moving out the case manager assisted Jane in enrolling in the Supplemental Nutrition Program (SNAP) and Low-Income Home Energy Assistance Program (LIHEAP) to help with groceries and utilities in her own apartment with her children.
- Upon Jane moving into her own apartment, the case manager assessed Jane's ability to provide a safe sleep environment for Jane's baby. Jane is discharged from the Alternatives to Abortion program and information is documented in the data system.

Mother's Refuge charged the Alternative to Abortion program for 545 bed nights for Jane while she was in our Residential program. The Residential Care Housing rate for bed nights is \$100.00 per day maximum to include case management, education, food, clothing, transportation, access to medical care and referrals as indicated in the Individualized Pregnancy Completion Plan. For the 545 bed nights at \$100.00 per day, Mother's Refuge invoiced the Alternative to Abortion program a total of \$54,500 for client services and an additional eight percent allowable for administrative costs for a total amount billed of \$58,860.00 for client Jane Doe.

On average, pregnant abortion minded women, enroll and remain in our program for approximately nine months for residential treatment. After that time we continue to provide case management services while they live independently with their infant. We propose that the guaranteed-not-to-exceed price for client services would be \$29,700.00 to ensure the delivery of their infant and healthy start to life. This figure includes bed nights, case management services after exit of our residential program and the allowable eight percent administrative costs. If additional costs are incurred for this client we will continue to provide needed services and use funds from other sources to ensure the mother and infants' health and well-being.

**EXHIBIT I**  
**PARTICIPATION COMMITMENT**

NIA

**Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment** – If the vendor is committing to participation by or if the vendor is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the vendor must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the vendor's proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the vendor must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

Place a check in the appropriate box below for the region proposed. There should only be ONE box checked. If proposing multiple regions, copy and complete this Participation Commitment Exhibit for each proposed region.

Region				
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 7	<input type="checkbox"/> Region 8	<input type="checkbox"/> Region 9	

**MBE Participation Commitment Table**

(The services performed or the products provided by the listed MBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)

Name of Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE	
		The vendor should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.	
1.	%	Product/Service(s) proposed:	RFP Paragraph References:
2.	%	Product/Service(s) proposed:	RFP Paragraph References:
3.	%	Product/Service(s) proposed:	RFP Paragraph References:
4.	%	Product/Service(s) proposed:	RFP Paragraph References:
<b>Total MBE Percentage:</b>	<b>%</b>		

EXHIBIT I, continued

NIA

**WBE Participation Commitment Table**

(The services performed or the products provided by the listed WBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)

Name of Each Qualified Women Business Enterprise (WBE) proposed	Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed WBE
1.	%	<i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
2.	%	Product/Service(s) proposed: RFP Paragraph References:
3.	%	Product/Service(s) proposed: RFP Paragraph References:
4.	%	Product/Service(s) proposed: RFP Paragraph References:
<b>Total WBE Percentage:</b>	<b>%</b>	

**Organization for the Blind/Sheltered Workshop Commitment Table**

By completing this table, the vendor commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract.

(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)

Name of Organization for the Blind or Sheltered Workshop Proposed	Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	Product/Service(s) proposed: RFP Paragraph References:
2.	Product/Service(s) proposed: RFP Paragraph References:

EXHIBIT I, continued

N/A

**SDVE Participation Commitment Table**

(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)

Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed	Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed SDVE
1.	%	<p><i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i></p> <p>Product/Service(s) proposed:</p>
2.	%	<p>Product/Service(s) proposed:</p>
Total SDVE Percentage:	%	

EXHIBIT J

N/A

DOCUMENTATION OF INTENT TO PARTICIPATE

If the vendor is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the RFP, the vendor must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the vendor's proposal.

Place a check in the appropriate box below for the region proposed. There should only be ONE box checked. If proposing multiple regions, copy and complete this Documentation of Intent to Participate form for each proposed region.

Region				
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 7	<input type="checkbox"/> Region 8	<input type="checkbox"/> Region 9	

*~ Copy This Form For Each Organization Proposed ~*

Vendor Name: \_\_\_\_\_

**This Section To Be Completed by Participating Organization:**

*By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the vendor identified above.*

Indicate appropriate business classification(s):

MBE \_\_\_\_\_ WBE \_\_\_\_\_ Organization for the Blind \_\_\_\_\_ Sheltered Workshop \_\_\_\_\_ SDVE \_\_\_\_\_

Name of Organization: \_\_\_\_\_

(Name of MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (If SDVE, provide MO Address): \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_

Fax #: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Certification # \_\_\_\_\_

SDVE's Website Address: \_\_\_\_\_

Certification \_\_\_\_\_ (or attach copy of certification)

Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Service-Disabled Veteran's (SDV) Name: \_\_\_\_\_  
(Please Print)

SDV's Signature: \_\_\_\_\_

**PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE**

Describe the products/services you (as the participating organization) have agreed to provide:

**Authorized Signature:** \_\_\_\_\_

Authorized Signature of Participating Organization  
(MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

Date  
(Dated no earlier than the RFP  
issuance date)

EXHIBIT J, continued

N/A

DOCUMENTATION OF INTENT TO PARTICIPATESERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past five (5) years to the Division of Purchasing (Purchasing), the vendor must provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty), AND
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The vendor should check the appropriate statement below and, if applicable, provide the requested information.

No, I have not previously submitted the SDV documents specified above to the Purchasing and therefore have enclosed the SDV documents.

Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Purchasing.

Date SDV Documents were Submitted: \_\_\_\_\_

Previous Proposal/Contract Number for Which the SDV Documents were Submitted:

(if applicable and known)

(NOTE: If the proposed SDVE and SDV are listed on the Purchasing SDVE database located at <http://content.oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the Purchasing within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the Purchasing will remove the SDVE and associated SDV from the database.)

**FOR STATE USE ONLY**

SDV Documents - Verification Completed By:

Buyer

Date

**EXHIBIT K****BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

<u>BOX A:</u>	To be completed by a non-business entity as defined below.
<u>BOX B:</u>	To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <a href="http://www.uscis.gov/e-verify">http://www.uscis.gov/e-verify</a> .
<u>BOX C:</u>	To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A – CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; OR  
 - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under \_\_\_\_\_ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

**EXHIBIT K, continued**

*(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)*

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Authorized Business Entity Representative's Name (Please Print)	Authorized Business Entity Representative's Signature
Business Entity Name	Date
E-Mail Address	

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

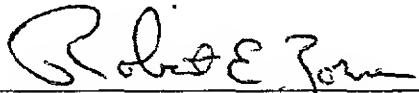
- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;  
AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;  
AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT K, continuedAFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

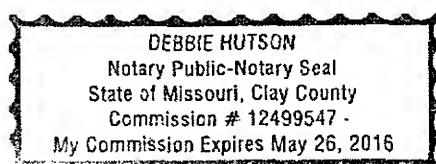
Comes now Robert Zornes (Name of Business Entity Authorized Representative) as Executive Director (Position/Title) first being duly sworn on my oath, affirm Mother's Refuge (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Mother's Refuge (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

	<u>Robert Zornes</u> Printed Name
<u>Authorized Representative's Signature</u>	
<u>Executive Director</u> Title	<u>March 16, 2016</u> <sup>23</sup> Date
<u>Robert@MothersRefuge.org</u> E-Mail Address	<u>212511</u> E-Verify Company ID Number

Subscribed and sworn to before me this 16<sup>th</sup> of March 2016. I am  
 (DAY) (MONTH, YEAR)  
 commissioned as a notary public within the County of Jackson, State of  
 (NAME OF COUNTY)  
Missouri, and my commission expires on 5-26-16.  
 (NAME OF STATE) (DATE)

	<u>3-16-16</u> Date
<u>Signature of Notary</u>	



**EXHIBIT K, continued**

*(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)*

**BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that Mother's Refuge (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

**Name of Missouri State Agency or Public University\* to Which Previous E-Verify Documentation Submitted:** State of Missouri Health and Senior Services Department

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

**Date of Previous E-Verify Documentation Submission:** May 13, 2010

**Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted:** C312062007 (if known)

Robert E. Zornes

Authorized Business Entity Representative's Name (Please Print)



Authorized Business Entity Representative's Signature

Mother's Refuge

Business Entity Name

Robert@MothersRefuge.org

E-Mail Address

March 16, 2016

Date

212511

E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

J. Keffner  
Buyer

4/11/16

Date

EXHIBIT L

**Certification Regarding**  
**Debarment, Suspension, Ineligibility and Voluntary Exclusion**  
**Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Mother's Refuge

794488718

Company Name

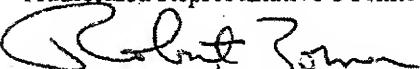
DUNS # (if known)

Robert Zornes

Executive Director

Authorized Representative's Printed Name

Authorized Representative's Title



Authorized Representative's Signature

May 16, 2016

Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**EXHIBIT M****MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf">http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf</a> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, mark the appropriate exemption below, and provide the requested details:		
1. <input type="checkbox"/> Unique good or service. <ul style="list-style-type: none"> <li>• EXPLAIN: _____</li> </ul>		
2. <input type="checkbox"/> Foreign firm hired to market Missouri services/products to a foreign country. <ul style="list-style-type: none"> <li>• Identify foreign country: _____</li> </ul>		
3. <input type="checkbox"/> Economic cost factor exists <ul style="list-style-type: none"> <li>• EXPLAIN: _____</li> </ul>		
4. <input type="checkbox"/> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US. <ul style="list-style-type: none"> <li>• Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: <u>      </u> %</li> <li>• Specify what contract work would be performed outside the United States: _____</li> </ul>		

**Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:

Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	None
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	N/A
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	0 %

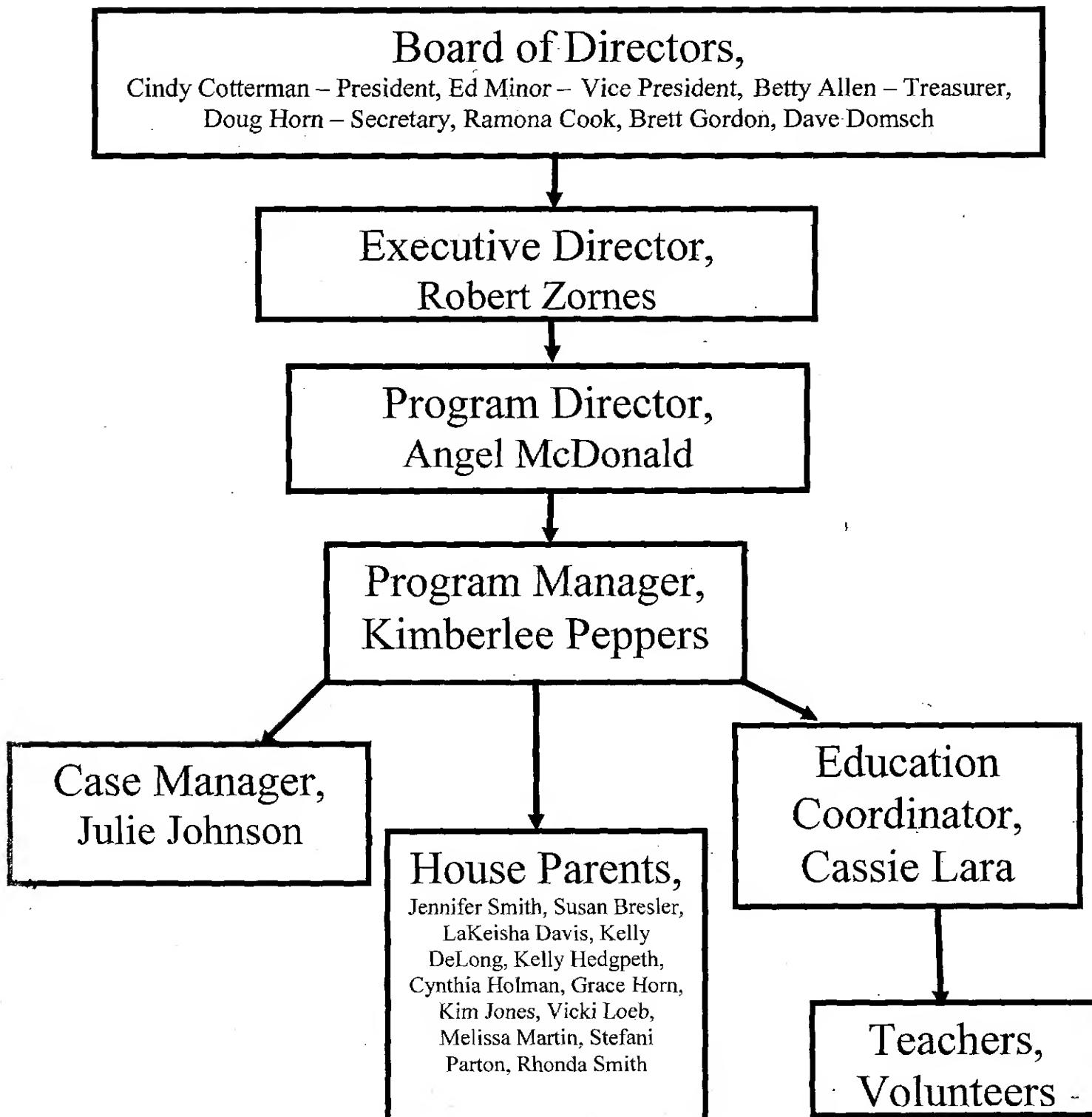
**EXHIBIT M, continued****Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

<i>Charter Number (if applicable)</i> N00036786	<i>Company Name</i> Mother's Refuge
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

# Mother's Refuge

## Organizational Chart 2016



**ATTACHMENT 2**  
**ALTERNATIVES TO ABORTION (A2A) - PERSONNEL QUALIFICATIONS FORM**

(Effective January 2014)

The Contractor shall complete the Personnel Qualifications Form and submit one copy to Emily Kraft, Commissioner's Office of Administration, via email (emily.kraft@oa.mo.gov) or fax 573-751-1212.

Contractor Name Mother's Refuge

Point of Contact Robert Zornes/Angel McDonald

Subcontractor Name & City (if applicable)

## Point of Contact

卷之三

Employee Name, Phone Number, and Email Address\*

\*Must provide work email address  
employee needs system access.

卷之三

816-353-8070  
[Robert@MothersRefuge.org](mailto:Robert@MothersRefuge.org)

Angel McDonald

Angel@MothersRefuge.org

Kimberlee Peppers  
816-353-8070

卷之二

816-353-8070  
Julie@MothersRefuge.org

Cassie Lara  
816-353-8070  
[Cassie@MothersRefine.org](mailto:Cassie@MothersRefine.org)

卷之三

Employee Name, Phone Number, and Email Address*		Professional or Non-Professional Case Manager	Position Qualifications	Supervisor / Contact Person and Phone Number (if different from above)	Employee Status	Effective Date	Needs Access to the A2A System	Completed by the A2A Program Manager
*Must provide work email address if employee needs system access.								
Robert Zornes 816-353-8070 <a href="mailto:Robert@MothersRefuge.org">Robert@MothersRefuge.org</a>	Professional	Master of Science in Counselor Education			A	3/2001	Yes	
Angel McDonald 816-353-8070 <a href="mailto:Angel@MothersRefuge.org">Angel@MothersRefuge.org</a>	Professional	Bachelors of Arts Psychology			A	10/2002	Yes	
Kimberlee Peppers 816-353-8070 <a href="mailto:Kimberlee@MothersRefuge.org">Kimberlee@MothersRefuge.org</a>	Professional	Bachelors of Science Psychology			A	8/2014	Yes	
Julie Johnson 816-353-8070 <a href="mailto:Julie@MothersRefuge.org">Julie@MothersRefuge.org</a>	Professional	Bachelors of Science Sociology			A	10/2009	Yes	
Cassie Lara 816-353-8070 <a href="mailto:Cassie@MothersRefuge.org">Cassie@MothersRefuge.org</a>	Non-Professional	Masters of Arts in Intercultural Studies			A	5/2011	Yes	

This form must be used to notify the state of all personnel changes; i.e. new hires, employees no longer employed by the agency (inactive), employee name changes, qualification changes, and any requests to grant or deny access to the A2A system. The A2A Program Managers assigns all login User Names and relays those on to the Contractor. Once a new employee is established in the system, an automated email with a temporary password is sent directly to the work email address provided.

**Attachment 7: Federal Funding Accountability and Transparency Act (FFATA) Data Form***\*See instructions for additional information*

Legal Business Name of Entity		Mother's Refuge				
Doing Business As (if different)						
Street Address		14400 E 42 <sup>nd</sup> St. S., Ste. #220				
City	Independence	State	MO	Zip Code + 4*	64055	
DUNS Number*		794488718				
Parent Organization's DUNS Number*						
Principal Place of Performance*		3721 Delridge, Independence, MO 64052				
Contact Person's Name / Title		Robert Zornes/Executive Director				
Contact Person Phone Number		816-353-8070				
Contact Person E-Mail		Robert@MothersRefuge.org				

**Executive Compensation Information\****\*Complete this section if required. See instructions for additional information before completing.*

List the organization's top five most highly compensated executives for the preceding contractor fiscal year.

Name	Amount
1.	
2.	
3.	
4.	
5.	

**Certification:**

I attest the facts stated above are true and correct.

<i>Robert Zornes</i>	Robert Zornes
Authorized Representative's Signature	Printed Name
Executive Director	03/16/2016
Title	Date

## Instructions for Completing the FFATA Data Form

### Zip Code + 4

This is the four digit zip code extension available at <http://zip4.usps.com/zip4/welcome.jsp>

### DUNS Number

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants. See <http://fedgov.dnb.com/webform>

### Parent Organization's DUNS Number

Complete if applicable. This is typically used by large organizations with multiple facilities in several locations. The parent organization's number is number assigned to the headquarters for the operation.

### Principal Place of Performance

Complete if the primary place of performance is different than the address listed above.

### Executive Compensation Information

*Review the following questions to determine whether you are required to report executive compensation information.*

1. In your preceding completed fiscal year, did your business or organization receive:
  - a. 80 percent or more of its annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act, as defined in 2 CFR 170.320; and
  - b. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act?

Yes       No

*Note: If the answer to either Question 1a or 1b is "No", your organization's compensation information is not required. Do not complete the Executive Compensation Information section of the FFATA Data Form.*

***Note: If the answer to both 1a and 1b is "Yes", proceed to Question 2.***

2. Does the public have access to the information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S.C. 78M(a), 78o(d)] or section 6104 of the Internal Revenue Code of 1986? (To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission's total compensation filings at <http://www.sec.gov/answers/execomp.htm>)

Yes       No

*Note: If the answer to Question # 2 is "Yes", your organization's executive compensation information is not required.*

***Note: If the answer to Question #2 is "No", you are required to complete the Executive Compensation Information section of the FFATA Data Form.***

### Definitions

"Executive" means officers, managing partners, or any other employees in management positions.

"Total compensation" means the cash and non-cash dollar value earned by the executives during the preceding fiscal year and includes items such as salary, bonuses, stock awards, incentive plans, pension plans, deferred compensation, etc.

Additional information about reporting compensation is available at:  
[https://www.fsrs.gov/documents/OMB\\_Guidance\\_on\\_FFATA\\_Subaward\\_and\\_Executive\\_Compensation\\_Report\\_08272010.pdf](https://www.fsrs.gov/documents/OMB_Guidance_on_FFATA_Subaward_and_Executive_Compensation_Report_08272010.pdf)